

Kempsville Baptist Church (Everyone fills this out; only those under 21 need parent signature)

Date: \_\_\_\_\_

## Medical Release Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS #: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ (if applicable)

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **MEDICAL INFORMATION:**

Allergies: (medications, food, insect bites...)

Medications taken on a regular basis:

Significant medical history (asthma, diabetes, past operations, serious illness, etc...)

Immunization Dates:

Tetanus: \_\_\_\_\_ Polio Booster: \_\_\_\_\_ Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_

Other: \_\_\_\_\_

Health Insurance Plan \_\_\_\_\_

Name of Insured (Policy Holder) \_\_\_\_\_

Policy No. \_\_\_\_\_

Name of Primary Care Physician \_\_\_\_\_

Primary Care Physician's Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City/State/Zip (if different from above): \_\_\_\_\_

Phone: (Home) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Daytime/Work) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you cannot be reached, notify:

\_\_\_\_\_ Relationship \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **Permission for Treatment**

My permission is granted for any Kempsville Baptist Church staff member or chaperone in charge of church-sponsored events to obtain necessary emergency medical attention in case of sickness/injury for \_\_\_\_\_ (name of student). I, the undersigned, do hereby release, remiss and forever discharge all chaperones and Kempsville Baptist Church, Virginia Beach, VA, from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the event. I also agree to update this form should there be a change in information, or if the need should arise to provide additional information, during the time when this medical form is in effect.

Parent/Guardian/Over 21 Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_