

MEDICAL RELEASE/PERMISSION SLIP
First Baptist Church of O'Fallon

2011-2012

Name _____ Birthdate _____ Sex _____

Address _____ City/State/Zip _____

Social Security # _____ Parent/Guardian _____

Business Phone _____ Home Phone _____

Pager/Cell Phone # _____ Emergency Phone _____

Other Person to Contact in Case of Emergency:

Name _____ Home Phone _____

Business Phone _____ Pager/Cell Phone # _____

LAST TETANUS SHOT: _____

HEALTH HISTORY:

_____ dietary restrictions _____ heart trouble _____ operation _____ serious health problem

ALLERGIES:

_____ insect stings _____ penicillin _____ foods _____ other drugs
_____ other _____ _____ poison ivy

If you have allergies to other drugs or foods, please list them:

List medications you are currently taking, including vitamins. List time and amount you are currently using.

State the name, address, medical specialty and phone number of your family physician and of any other physician who should be consulted in the event of emergency or medical problems:

State the name, address, and phone number of your dentist (and orthodontist if applicable):

Please provide information concerning any insurance benefits for which you are eligible:

Insurance Carrier _____ Policy # _____

Insured's Name _____ Group _____

Phone # of Insurance Carrier _____

I understand that First Baptist Church of O'Fallon (ministry) carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event I require medical or dental treatment while engaged in the Activity, reasonable efforts will be made to contact my family; however, if they cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my medical allergies, medications being taken, medical problems and other pertinent information.

_____ has my permission to attend any official, scheduled on-site or
(Name)

off-site First Baptist Church of O'Fallon activity from May 1, 2011 through April 30, 2013.

Signature _____ Date _____
(Parent or Guardian)