



Medical Release Form / Permission to Treat

Name of Church: Swartz First Baptist Church

City/State: Swartz, Louisiana

Name of Participant: _____

Social Security #: _____ Birthdate: ____/____/____ Age: ____

Sex (M/F): _____

Address: _____

City: _____ State: _____

Zip: _____

Parent/Guardian: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Secondary contact to notify in event of emergency: _____

Their relationship to you: _____ Their phone: (____) _____

Please supply ALL of the following information. Attach a copy of your insurance card.

Medical Insurance Co.: _____ Group# _____

Policy#: _____ Company's address: _____

Company's Phone: (____) _____ City: _____

State: _____ Zip: _____

Family Physician's Name: _____ Phone: (____) _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis and/or any brought with you to Camp (Prescription meds MUST have a pharmacy label and name of doctor) **Every Parent or Guardian must personally meet with the church representative to certify the accuracy of these instructions:**

List all operations/serious injuries and dates within the past five (5) years: The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization - I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian Date
