

Medical Release and Consent Form
attach a copy of insurance card and bring to registration.

Name: _____ Age: _____ Grade: _____ Shirt Size: _____

Address _____ City _____ ZIP _____

Do you attend church? _____ If so, Name of church: _____

In case of an emergency notify: _____ Phone: () _____

Medical Profile

Generally, participant's health is: (check one) Excellent Good Fair Poor

If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check all that apply to you: asthma _____ sinusitis _____ bronchitis _____ diabetes _____ kidney trouble _____ heart trouble _____
dizziness _____ stomach upset _____ hay fever _____

List ALL allergies: _____

List any previous operations or serious illnesses _____

List ALL medications you are currently taking (attach separate sheet if needed): _____

List any special diet or needs: _____

History

Check all that apply to you: chickenpox _____ measles _____ mumps _____ whooping cough _____ other _____

Date of last Tetanus Immunization: ___/___/___

Family Physician _____ Phone: () _____

Insurance Co.: _____ Policy# _____

Subscriber Name: _____ Subscriber Number _____

Place of Employment _____ Subscriber Occupation: _____

Work Phone: () _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used on Social Media for promotional resources.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge First Baptist Church of Jasper, AL, camp or event sponsors, along with all employees and volunteers from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury to my child while participating in this camp or event. I agree to indemnify First Baptist Church of Jasper, AL for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this camp or event or while on property leased or owned by Jasper's First Baptist Church of Jasper, AL.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Participant's Signature _____ Date: ___/___/___

Parent/Legal Guardian Signature _____ Date: ___/___/___

Phone () _____ Cell () _____