

\_\_\_\_\_,  
LAST NAME (PLEASE PRINT)

\_\_\_\_\_  
FIRST NAME (PLEASE PRINT)

## MEDICAL RELEASE FORM AND MEDICAL INFORMATION

### ***MEDICAL RELEASE,***

I AUTHORIZE THE STAFF AND/OR ADULT VOLUNTEERS OF THE FIRST BAPTIST CHURCH TO SEEK OR PROVIDE MEDICAL ASSISTANCE FOR ME IN THE CASE OF AN EMERGENCY DURING ANY REGULARLY SPONSORED EVENT OR ACTIVITY FROM **JANUARY 1, 2008 TO DECEMBER 31, 2008.**

SIGNATURE: \_\_\_\_\_

### ***MEDICAL INFORMATION***

PERSONAL DOCTOR: \_\_\_\_\_

PERSONAL DOCTOR PHONE: \_\_\_\_\_

MEDICAL INSURANCE COMPANY: \_\_\_\_\_

MEDICAL INSURANCE POLICY #: \_\_\_\_\_

### ***EMERGENCY CONTACT INFORMATION:***

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

### ***MEDICAL HISTORY***

PERTINANT MEDICAL HISTORY: (i.e., cardiac, asthma, epilepsy, diabetes)

\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES TO -

FOOD: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

OTHER: \_\_\_\_\_

LIST ALL CURRENT MEDICATIONS (INCLUDE VITAMINS, HERBS, AND AS NEEDED MEDICATIONS):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BE SURE TO SECURE ALL MEDICATIONS IN "CRITTER-PROOF" CONTAINERS.