

# 2019 FHBC MEDICAL/PERMISSION AND RELEASE FORM

Last Name \_\_\_\_\_, First \_\_\_\_\_

## Participant Information:

Name \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
If Applicable: Participant Cell Phone \_\_\_\_\_ Grade \_\_\_\_\_  
Participant Email: \_\_\_\_\_

## Parent / Guardian:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Best communication email: \_\_\_\_\_

## In case of emergency

Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Family physician \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Co. \_\_\_\_\_  
ID # \_\_\_\_\_ Group # \_\_\_\_\_  
Primary Name of Policyholder \_\_\_\_\_ Relationship \_\_\_\_\_

## Medical History

(Check the appropriate blanks)

**Immunizations:** \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Hep A \_\_\_\_\_  
Other: \_\_\_\_\_

**Illnesses:** \_\_\_\_\_

**Allergies :** \_\_\_\_\_

**Previous operation or illness:** \_\_\_\_\_

**Current medication:** (list) \_\_\_\_\_

**Special diet:** \_\_\_\_\_

**Childhood diseases:** Chicken pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping cough \_\_\_\_\_ Other: \_\_\_\_\_

To whom it may concern:

I give the Forest Hills Baptist Church power of attorney to act on my behalf in obtaining medical care for the above named student. I/we, the undersigned, do hereby release, and forever discharge all sponsors and Forest Hills Baptist Church from any and all claims, demands, actions, and cause of action, past, present, or future arising out of any damage or injury while participating in the activity/event. This is for all event dates January 1 until December 31, 2019.

**Do not sign without being in the presence of the notary.**

Date \_\_\_\_\_ Parent or guardian \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, to me known (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed the foregoing instrument, and acknowledged that she/he executed the same as her/his free act and deed.

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

**A front and back copy of your insurance card is required**