

2019 MEDICAL/PERMISSION AND RELEASE FORM

Last Name _____, First _____

Patient Information:

Name _____ Sex _____ Race _____
Address _____ City _____
State _____ Zip _____ Telephone _____
Date of Birth _____ Cell Number: _____

Next of Kin:

Name _____ Relationship _____
Address _____ City _____
State _____ Zip _____ Home phone _____ Cell phone _____

In case of emergency:

In case of emergency call _____ Phone _____
Primary physician _____ Phone _____
Insurance Co. _____ ID # _____ Group # _____
Primary Name of Policyholder _____ Relationship _____

Medical History (Check the appropriate blanks)

Immunizations:

Illnesses: Asthma _____ Sinusitis _____ Bronchitis _____ Kidney trouble _____ Heart Trouble _____
Diabetes _____ Dizziness _____ Stomach trouble _____ Hay Fever _____ Other _____

Allergies: Food _____ Insect stings, bites _____ Medicine _____
Poison sumac, oak, or ivy _____ Other _____

Previous operation or illness: _____

Current medication: (list, use back for additional space) _____

Special diet: _____

Childhood diseases: Chicken pox _____ Measles _____ Mumps _____ Whooping cough _____ Other: _____

To whom it may concern:

I give the Forest Hills Baptist Church to act on my behalf in obtaining medical care for the above named person. 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 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 _____ Participant Signature _____

Notary _____ My commission expires _____

(Include a Copy of Insurance card)