

Permission/Medical Release Form
First Baptist Church
Waynesboro, Virginia

I, _____, understand and agree that during travel with the First Baptist Church of Waynesboro, Virginia, on all events for _____ (year), that these are the procedures that are followed.

In the case of an emergency while the named individual is in the care of First Baptist Church, the church will notify the emergency persons listed below immediately. In the event the church is unable to reach these persons immediately, the church party responsible and or its' designated staff is authorized to seek and obtain medical attention, treatment, and services as may be deemed necessary. I agree to assume responsibility for payment of all medical costs incurred.

Full Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ SSN: _____

Date of Birth / Age: _____ / _____

In Case Of Emergency Notify

1. Name _____ Hm Phone _____ Work _____

2. Name _____ Hm Phone _____ Work _____

Your Relationship to the Above:

1. _____ 2. _____

Insurance Information

Company Name

Policy No./Group No.

Policy Holder's Name

Name of Family Physician

Phone

(See Reverse Side)

Allergies (Please list any allergies to medicines/ foods/ or otherwise)

Restrictions (Please list any activities needing restriction)

Can this person swim? _____

Other Restrictions:

Medical History (Please describe any health problems)

Medication

Are you required to take any medicine daily? _____

If YES, please give details and instructions.

Signature of Participant

Date

Printed Name of Participant

Signature of Guardian (If participant is under 18 years old)

Date

Printed Name of Gaurdian