

# Medical Release Form

## Community Bible Church

Participant Name \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
In case of emergency notify: \_\_\_\_\_  
Phone Numbers - Home: (\_\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_

### Medical Profile

Generally, Participant's Health is (Check One) \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor  
List any medical difficulties for which you are currently being treated:

\_\_\_\_\_

Check any of the following that cause you problems and explain:

Asthma \_\_\_ Sinusitis \_\_\_ Bronchitis \_\_\_ Kidney Trouble) \_\_\_ Diabetes \_\_\_ Hay Fever \_\_\_

List any medicines or substances to which you are

Allergic: \_\_\_\_\_

List any previous operations or serious illnesses: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet or special needs:

Childhood Diseases: Chicken Pox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough \_\_\_

Date of Tetanus Immunization: \_\_\_/\_\_\_/\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Subscriber Occupation: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

### Permission for Medical Treatment, Photographic/Video Notice, and Release and Indemnity

My permission is granted for camp or event director, church official, any camp or event staffer, or adult 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 video taped during normal camp or event activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Community Bible Church, retreat or event sponsors, from any and all claims, demands, actions, or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in this event. I agree to indemnify Community Bible Church 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 Community Bible Church.

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

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_