

CBC 2020-2021 MEDICAL RELEASE & PERMISSION FORM

Name: _____ Soc. Sec. #: _____ Date of Birth: ____/____/____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____

In Case of Emergency Notify: (1) _____ Phone #: (____) _____

or (2) _____ Phone #: (____) _____

Family Physician: _____ Phone #: (____) _____

Insurance Co.: _____ Policy #: _____

Insured's Name: _____ ***Copy of insurance card required.**

Immunizations: ☐ Tetanus date: ____/____/____ ☐ Polio Booster ☐ Measles ☐ Mumps ☐ Chicken Pox

Medical History: ☐ Asthma ☐ Sinusitis ☐ Bronchitis ☐ Kidney Trouble ☐ Heart Trouble ☐ Diabetes ☐ Dizziness
☐ Stomach Trouble ☐ Hay Fever Other: _____

Allergies: ☐ Insect bites/stings ☐ Poison ivy, oak, sumac ☐ Food _____

☐ Other: _____ Blood Type: _____

List any medicines to which you are allergic: _____

Previous operations/bone breaks/serious illnesses:

Previous concussions: ☐ No ☐ Yes If yes, dates they occurred: _____

Special dietary needs: _____

Current medications/dosage: _____

PERMISSION FORM

I, _____ am voluntarily participating in **Ministry Activities** of **Clayton Baptist Church** from **June 1, 2020**, to **December 31, 2021**. I also give permission for any photos/videos taken of me to be used in promotional materials (print, video, or internet) of Clayton Baptist Church.

If a medical emergency should arise while I am participating and I cannot give my permission/consent, I hereby give my permission/consent to the leaders and sponsors of **Clayton Baptist Church** to select a physician and/or hospital for my care. I hereby also give the physician and/or hospital my permission to hospitalize, treat, and to order injections, anesthesia, or surgery for me.

Participant's Signature (only if 18 yrs of age or older): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____ SS #: _____

Parent/Guardian: Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Notary Public: _____

County: _____ State: _____ Date: _____

Notary Seal

Commission expires: _____