FBC RUSSELLVILLE
know him.make him known

2017 MEDICAL RELEASE FORM

This form is required for any participant on any church sponsored trip, function or event. Please complete this form & return it to the trip coordinator by the deadline. Participants are only required to complete one **MEDICAL RELEASE FORM** per calendar year. This form will be used for all trips or events during that particular year. If there are changes throughout the year, it is the participants responsibility to complete an updated form.

Participant's Name or Family Name (if applicable)_____

Street / Apt. # _____ City _____ State _____ Zip_____

Age / DOB _____ Home Ph. _____ Cell Ph. _____

ICE (IN CASE OF EMERGENCY) INFORMATION REQUIRED FOR ALL PARTICIPANTS.
IF A MINOR, PLEASE LIST SOMEONE OTHER THAN PARENTS OR GUARDIAN & COMPLETE THE NEXT SECTION.

Name_____Phone _____ Relationship to participant_____

PLEASE COMPLETE THIS SECTION FOR MINORS ONLY

Fathers Name _____Cell Ph._____

Father's Place of Employment_____Phone No. _____

Mother's Name_____Cell Ph. _____

Mother's Place of Employment_____Phone No. _____

Who is the Legal Guardian of minor student: (please circle one) father mother both other

If other, please give name & phone no.:_____ _____
Name Phone

I authorize FBC Russellville through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in church sponsored activities.

_____ _____
Participant Signature: Date

PARENT / GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD)

As the parent or legal guardian of the minor child I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for the care and protection of my minor child / student while under FBC Russellville's supervision. In case of accident or illness, I understand that my student will be taken to an appropriate medical facility for treatment. I understand that efforts will be made to contact me prior to treatment but in the event I cannot be reached in an emergency, I give permission to the church representative to make the decisions necessary for treatment. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

_____ _____
Participant Signature: Date

OVER ➔

First Baptist Church of Russellville

2017 Medical Release Form

PARTICIPANT INFORMATION

If more than one member of your family is participating in this trip / event, please complete the section below by listing the requested information for each family member.

For all "YES" responses, please give details in the space provided below.

PARTICIPANT NAME	Age & DOB	Allergies?	Medications?	Health Conditions?	Date of last tetanus	Insurance? Please complete box at bottom of page
1.		Y / N	Y / N	Y / N		Y / N
2.		Y / N	Y / N	Y / N		Y / N
3.		Y / N	Y / N	Y / N		Y / N
4.		Y / N	Y / N	Y / N		Y / N
5.		Y / N	Y / N	Y / N		Y / N
6.		Y / N	Y / N	Y / N		Y / N
7.		Y / N	Y / N	Y / N		Y / N
8.		Y / N	Y / N	Y / N		Y / N

If you circled "Y" (yes) for any of the above questions, please give details in the space below.
Please use the numbers on each line when referencing further details below.

_____

_____

_____

_____

_____

_____

INSURANCE INFORMATION

Policyholder's name:_____ Primary Insurance Policy No._____

Group No.:_____ Provider (BCBS, AETNA, etc.) _____