

Participant Form: Mangham Baptist Church Events

Medical Release Form

Participant Name _____ Age ____ Date of Birth __/__/__

Address _____ City _____ St. ____ Zip _____

In Case of emergency notify:

(1) _____ Phone #'s _____

(2) _____ Phone #'s _____

Medical Profile:

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 ____ Heart trouble ____ Diabetes ____ Dizziness ____
Stomach problems ____ 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, food allergies or needs:

Date of last tetanus immunization: __/__/__

Family Physician: _____ Phone # _____

Insurance Co: _____ Policy # _____

Subscriber name: _____ Subscriber # _____ Ph # _____

Permission for Medical Treatment, Photo/Video Notice

My permission is granted for event director, church official, camp or event staff, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to listed participant. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and discharge Mangham Baptist Church, event sponsors and staff from any and all claims arising from damage or injury from this event.

Also, I understand that as a participant, my child may be photographed or videotaped during normal Mangham Baptist Church activities and these photos/videos may be used in promotional materials.

Participant's Signature: _____ Date __/__/__

Parent or Guardian Signature: _____ Date __/__/__

(If participant is under 18) Phone # _____