## Participant Form: Mangham Baptist Church Events

(1)Phone #'s	Medical Release Form		
(2)Phone #'s	Participant Name		Age Date of Birth//
(1)Phone #'s         (2)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: AsthmaSinusitisBronchitsKidney troubleHeart troubleDiabetesDizzinessStomach problemsHay fever	Address	City	St Zip
(2)Phone #'s			
Medical Profile:         List any medical difficulties for which you are currently being treated:			
List any medical difficulties for which you are currently being treated:	(2)	Phone #'s	<u>-</u>
BronchitisKidney troubleHeart troubleDiabetesDizziness         Stomach problemsHay fever		are currently being treated:	
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 charg         First Aid, to obtain necessary medical attention in case of sickness or injury to listed participant. I, the unde do hereby verify that the above information is correct, and I do hereby release and discharge Mangham Bap         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 Mangh Baptist Church activities and these photos/videos may be used in promotional materials.         Participant's Signature: Date/         Parent or Guardian Signature: Date/	Bronchitis Kidney trouble Heart tro	problems and explain: Asthma Sinusi puble Diabetes Dizziness	tis
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: Photo/Video Notice         My 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 charg         First Aid, to obtain necessary medical attention in case of sickness or injury to listed participant. I, the und         do hereby verify that the above information is correct, and I do hereby release and discharge Mangham Bap         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 Mangh         Baptist Church activities and these photos/videos may be used in promotional materials.         Participant's Signature: Date//         Parent or Guardian Signature: Date/	List any medicines or substances to which y	you are allergic:	
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 charg         First Aid, to obtain necessary medical attention in case of sickness or injury to listed participant. I, the unded ohereby verify that the above information is correct, and I do hereby release and discharge Mangham Bap         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 Mangh         Baptist Church activities and these photos/videos may be used in promotional materials.         Participant's Signature: Date/         Parent or Guardian Signature: Date/	List any previous operations or serious illnes	sses:	
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Parent or Guardian Signature: Date/_/	Participant's Signature:	Da	te//
(11 participant is under 16) Filone #			