

MEDICAL RELEASE FORM

Name _____ Birthdate ____/____/____ Age _____

Address _____ City/ST/Zip _____

Church Name _____ City, ST _____

Parent/Guardian Name _____ Employed by _____

Home Address (If different from above) _____ City/ST/Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____ Cell Phone (____) _____

Name of Physician: _____ City, ST _____ Phone (____) _____

Are you currently taking medicine or treatment? yes no

If yes, explain _____

Have you been restricted from sports or swimming for any reason?

yes no If yes, explain _____

Date of last Tetanus Toxoid Immunization: Month _____ Year _____

Have you ever had a severe reaction to a bee/hornet sting, or insect bite?

yes no If yes, explain _____

Do you have:

- Sinus Trouble
- Hay Fever
- Heart Trouble
- Epilepsy
- Asthma
- Diabetes
- Communicable Diseases

If yes, please explain _____

List any Allergies:

Food _____

Drugs _____

Other Medical Needs _____

EMERGENCY MEDICAL AUTHORIZATION

Event: Super Summer 2008 Today's Date _____

In the event of an emergency, I hereby give permission to the church-appointed sponsor who is with my child or to any Kansas-Nebraska Convention of Southern Baptists staff person, or their designee, who is present at the above mentioned event to obtain medical assistance for my child. I also give permission to the Physician selected to hospitalize and secure proper treatment for my child.

**Parent
Sign
Here**

Parent/Guardian Signature _____

Insurance Company _____

(If not insured, please write "none" on the line above)

Mailing Address to Submit Claims: _____

City, ST, Zip: _____

Policy Number _____

If I cannot be reached, please notify _____

(____) _____ or (____) _____

To induce Webster Conference Center and/or Kansas-Nebraska Convention of Southern Baptists to act hereunder, I hereby agree that Webster Conference Center, Kansas-Nebraska Convention of Southern Baptists, and any other party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such parties unless and until actual notice or knowledge of such revocation or termination shall have been received by such parties, and I, for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such parties from and against any and all claims that may arise against such parties by reason of such parties having relied on the provisions of this instrument.

NOTARY SPACE IF DESIRED

