

MEDICAL RELEASE AND TRIP/ACTIVITY FORM

file date: _____

The First Baptist Church of Thomson, Georgia

Participant's Name _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Parents/Guardian/Next of Kin _____ Phone _____

Immunizations:

1. Tetanus	_____	Date taken _____
2. _____	_____	_____
3. _____	_____	_____

Please list any medications, food, or other substance participant is allergic to and any medication presently used on a regular basis. Indicate in detail the frequency of medication dosages. List any major medical history. (Use back of this page for additional space if needed.)

If you wish to have any insurance or benefit claimed for you, please list it below.

Company Name **Policy Owner** **Contract Number**

EMERGENCY INFORMATION:

In the event that a parent cannot be reached, who is to be notified?

1. _____	Relationship _____
Address _____	Phone Number _____
2. _____	Relationship _____
Address _____	Phone Number _____

Please list your blood type (if known)

This is to certify that I give permission for me/my child to receive medication and emergency treatment if necessary in the event of illness or accident. I give the official First Baptist Church representatives permission to make a decision concerning emergency treatment.

(Signature of Parent/Guardian/Self)

Date signed

Notary

Date signed

Notary expires

A notary is provided by the church office