Medical Release Form/Permission to Treat

Name of Church: Katy's First Baptist Church City/State: Katy, TX

Name:_____ DOB: ____/ _____/_____ Age:____ Sex (M/F):_____

Address:_____ City:_____ State:_____ Zip:_____

Parent/Guardian:_____ Cell Phone: (_____)_____

Home Phone:(_____)_____Work Phone:(_____)_____ Email:_____

Secondary Contact in event of emergency:_____

Relationship to you:_____ Phone:(____)_____

Medical Insurance Co.:_____Group#_____ Policy#:_____ Company's Phone:(___)_____

Company's address:_____City:_____ State:___ Zip:_____

Please attach a copy of your insurance card

Family Physicians Name:_____ Phone:(_____)_____

Food Allergies and/or special instructions:

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.)

List ALL medication taken on a regular basis and/or any brought with you to Camp (Prescription meds MUST have a pharmacy label and name of doctor):

List all operations/serious injuries and dates within the past five (5) years:

Emergency Authorization - I hereby give permission to medical personnel selected by Katy's First Baptist Church, Group Sponsor or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian:_____ Date _____