

2022 MEDICAL RELEASE & PERMISSION FORM

Name: _____ Soc. Sec. #: _____ Date of Birth: ____ / ____ / ____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: Home: (_____) _____ Work: (_____) _____
Cell: (_____) _____

In Case of Emergency Notify: (1) _____ Phone #: (_____) _____
Or (2) _____ Phone #: (_____) _____

Family Physician: _____ Phone #: (_____) _____

Insurance Co.: _____ Policy #: _____

Insured's Name: _____ ***Copy of insurance card required.**

Immunizations: Tetanus date: ____ / ____ / ____ Polio Booster Measles Mumps Chicken Pox

Medical History: Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes
 Dizziness Stomach Trouble Hay Fever Other: _____

Allergies: Insect bites/sting Poison ivy, oak, sumac Food _____

Other: _____ Blood Type: _____

List any medicines to which you are allergic: _____

Previous operations/bone breaks/serious illnesses: _____

Previous concussions: No Yes If yes, dates they occurred: _____

Special dietary needs: _____

Current medications/dosage: _____

PERMISSION FORM

I, _____, am voluntarily participating in **Ministry Activities of Clayton Baptist Church** from **January 1, 2022**, to **December 31, 2022**. I also give permission for any photos/videos taken of me to be used in promotional materials (print, video, or internet) of Clayton Baptist Church.

If a medical emergency should arise while I am participating and I cannot give my permission/consent, I hereby give my permission/consent to the leaders and sponsors of **Clayton Baptist Church** to select a physician and/or hospital for my care. I hereby also give the physician and/or hospital my permission to hospitalize, treat, and to order injections, anesthesia, or surgery for me.

Participant's Signature (only if 18 yrs of age or older): _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____ SS #: _____

Parent/Guardian Phone: Home: (_____) _____ Work: (_____) _____

Cell: (_____) _____

Notary Seal

Commission expires: _____

Notary Public: _____

County: _____ State: _____ Date: ____ / ____ / ____