

Permission/Emergency Treatment Medical Release Form

This form is to be completed for every minor and adult participating in South Campbellsville activities.

Name _____ [] Minor [] Adult

Address _____
Street City State Zip

Home Telephone (____) _____ Other Telephone (____) _____

Date of Birth (minor) ____/____/____ S.S. # _____

The person named above has permission to participate in the Girls Conference in Bowling Green KY with South Campbellsville Baptist Church. The health history I have provided for this person is correct to the best of my knowledge. In **Addition**, I agree to the following: **Emergency Authorization:** I hereby give permission to the medical personnel selected by the South Campbellsville adult staff in charge to order transport by ambulance, X-rays, routine tests and treatment for me/my child, **and in the event I cannot be reached in an emergency**, I hereby give permission to the physician selected by the South Campbellsville adult staff in charge to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/my child as named above. This form may be photocopied for use off-site.

Emergency Contact Info:

Address _____
Street City State Zip

Home Telephone (____) _____ Other Telephone (____) _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf.

Name _____ Relationship: _____

Address _____
Street City State Zip

Home Telephone (____) _____ Other Telephone (____) _____

Medical Info:

Name of Physician _____ Phone (____) _____

Insurance Carrier _____ Pol# _____

Date of Last Examination ____/____/____ Date of last Tetanus ____/____/____

Health History and Inoculation Record (please provide as much info as possible.)

Allergies: (please list below)

Chronic or Recurring Illness: (please list below)

Other Conditions: (please list below)

Medications presently being taken (list for what reasons)

I know of no reason(s), other than the information on this form, why my child should not participate in South Campbellsville Children's / Youth activities.

Signature _____ Date ____/____/____
(To be signed in the presence of a Notary)

I, the undersigned, a Notary Public in and for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledge the due execution of the foregoing statement.

Witness my hand and notary seal this _____ day of _____ 20____

_____, Notary Public My commission expires ____/____/____