

# Medical Release Form

Bradfordville First Baptist Church

Name \_\_\_\_\_ Age/DOB \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Notification \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company\* \_\_\_\_\_ Policy # \_\_\_\_\_

## Medical History *(check any below that may apply)*

- Asthma     Sinusitis     Bronchitis     Kidney trouble     Heart trouble     Stomach upset  
 Dizziness     Diabetes     Hay fever     Other

List Other \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

## Allergies

Food \_\_\_\_\_

Penicillin or other drug *(name)* \_\_\_\_\_

Insect sting/bites, Poison sumac/oak/ivy \_\_\_\_\_

Do you have any other special health information that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

## Medical Release *(must be signed in the presence of a Notary)*

I, \_\_\_\_\_ *(name)*, give the adult workers with Bradfordville First Baptist Church the authority to provide and/or sign for medical treatment for me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Liability Release *(must be signed in the presence of a Notary)*

I, \_\_\_\_\_ *(name)*, intend to participate in the activities of Bradfordville First Baptist Church. I further agree to release Bradfordville First Baptist Church and its workers from any liability in the event of any injuries, accidents, or illnesses incurred during these activities.

*\* Please attach a copy of your insurance card, if possible.*

State of Florida, County of \_\_\_\_\_  
This instrument was acknowledged before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

Notary Public (Seal)  
\_\_\_\_\_ personally known to me  
\_\_\_\_\_ who produced identification \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_