MEDICAL CONSENT/RELEASE FORM
Highland Baptist Church

1101 Cherokee Road, Louisville, KY 40204
502-451-3735

In the event that my child becomes ill or sustains an injury while on an authorized and chaperoned activity sponsored by Highland Baptist Church (whether on or off the church property), I the undersigned, give my permission and consent to the adult sponsors to administer first aid and/or CPR and to select a physician and/or hospital for my child's care, releasing them from liability for their actions taken hereunder.

Also, I hereby give the physician and/or hospital and/or emergency care personnel, as selected by the adult sponsors, my permission to hospitalize, treat, and administer drugs or medicine, an x-ray examination, anesthesia, medical (or dental) or surgical diagnosis and treatment to my child under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.

Further, I give EMS or any other emergency transportation service my permission to transport my child.

I understand that this consent and release will apply to all emergency situations present and future, and that a copy of this form is as valid as the original. This consent/release form shall remain in effect until written revocation is given to the church.

Child's Name _____ Date of Birth _____
(first) (middle) (last) (month/day/year)
Medications to which child is allergic _____
Physician's Name _____ Office Phone _____
Address _____

_____ _____
Signature of Parent or Legal Guardian Date

Address _____ City _____ State _____

Zip Code _____ Home Phone _____ Work Phone _____

_____
Signature of Notary Public (Date)

Medical Insurance Company _____

Address _____

Policy Number _____

This form valid from May 1, 2018 thru April 30, 2019.

MEDICAL INFORMATION

Name _____
(First) (Middle) (Last)

Female ❒ Male ❒ Date of Birth _____

Health Record: *(check and give dates for all that apply)*

❒ German Measles	_____	❒ Poliomyelitis	_____
❒ Diabetes	_____	❒ Measles	_____
❒ Mumps	_____	❒ Whooping Cough	_____
❒ Rheumatic Fever	_____	❒ Tuberculosis	_____
❒ Heart Trouble	_____	❒ Seizures	
❒ Chickenpox	_____	❒ Kidney Trouble	_____
❒ Bronchitis	_____	❒ Ear Infections	_____
❒ Asthma	_____	❒ Sinusitis	_____
❒ Sleepwalking	_____	❒ Fainting	_____

Any operations or serious injuries? _____
_____

Allergies: ❒ Poison Ivy, Oak, or Sumac ❒ Bee Sting ❒ Wasp Sting
❒ Other Insect Bites _____
❒ Foods _____
❒ Other _____

Medications currently taking: Name of Drug Dosage & Frequency
_____
_____
_____

Has the person named been exposed to any communicable disease during the preceding 21 days? ❒ Yes ❒ No If yes, what disease?
_____

List two emergency contact persons other than parent/guardian, with telephone number:

_____

_____

Enclose a copy of your Insurance Card, both front and back.