MEDICAL CONSENT/RELEASE FORM
Highland Baptist Church

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

In the event that I become 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 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 me 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 me.

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.

Name _____ Date of Birth _____
(first) (middle) (last) (month/day/year)
Medication Allergies_____
Physician's Name _____ Office Phone _____
Address _____

_____ _____
Signature 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 with telephone number:

_____

_____

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