Immanuel Baptist Church
3100 Tates Creek Road
Lexington, KY 40502
859-685-3200

STUDENTS

Student Medical Release Form
2016

Name: _____ Social Security #: _____

Birthdate: _____ Age: _____ Sex (M/F):_____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian:_____

Cell Phone: _____ Home Phone: _____Work Phone: _____

Secondary contact to notify in event of emergency (besides a parent, someone who knows where to contact you): _____

Their Relationship to You: _____ Their Phone: _____

Please supply ALL of the following information and attach a copy of your insurance card:

Medical Insurance Co.: _____ Group #: _____ Policy #: _____

Company's Address: _____ Company's Phone: _____

City: _____ State: _____ Zip: _____

Family Physician's Name _____ Phone _____

Have you had or do you currently have any of the following conditions? (Check all that apply)

_____heart attack	_____chest pain/pressure	_____asthma
_____high blood pressure	_____stroke	_____diabetes
_____seizures	_____back/arm/neck problems	_____pregnancy
_____major surgery	_____knee/ankle problems	_____allergies

(Allergic to certain meds, rare blood type, wears contact lenses, etc.): _____

_____

List ALL medication taken on a regular basis and/or any medication currently being taken (Prescription meds MUST have a pharmacy label and name of doctor) _____

_____

_____

List all operations/serious injuries and dates within the past five years: _____

_____

Date of Last Tetanus Shot:_____

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. _____

Emergency Authorization – I hereby give permission to medical personnel selected by the participant's sponsor/minister of Immanuel Baptist Church to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the participant's sponsor/minister of Immanuel Baptist Church to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Immanuel Baptist Church, its volunteers, or employees from liability associated with participation in activities with Immanuel Baptist Church.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Signature of Witness Date