

FIRST BAPTIST CHURCH, COLUMBUS, GA
Medical Care, Emergency Contact Information & Photo Release
(Valid til May 31, 2019) (Please update as necessary)

Name _____ Birth Date _____

Address _____

Phone (H) _____ (cell-Student) _____ (cell-Parent) _____

Passport (attach copy) _____ T-Shirt Size(circle) YS-YM-YL-AS-AM-AL-AXL-AXXL

Alternate Emergency Contact _____ Phone _____

Physician _____ Phone _____

Known Allergies (medicine, food, etc.) _____

Describe past serious illnesses or hospitalization, with dates _____
(Use back if necessary.)

List Medicines Taken-**especially daily** (use back if necessary) _____

Date of Last Tetanus Injection _____

Describe all physical conditions or illnesses, which could affect participation in the programs or the proper medical treatment (diabetes, epilepsy, poor blood clotting, ADD, ADHD etc.) _____

Health Insurance: Company _____ Policy Number _____

Beneficiary's name _____ (Please Attach Copy of Insurance Card)

If under 18 please list:

Mother's Name _____ Phone (H) _____ (W) _____ (cell) _____

Father's Name _____ Phone (H) _____ (W) _____ (cell) _____

Emergency Medical Treatment/Photo Consent

(Must be signed in the presence of a notary)

I hereby give **the Designee of First Baptist Church** events permission to provide first aid care for me or my child, _____. I hereby authorize **First Baptist designee** to transport me or my child to the emergency room of the hospital(s) listed below, and I hereby grant my consent for the hospital and its medical staff to provide me or my child with emergency medical treatment which a physician deems necessary (including anesthesia). If I have not specified any hospital(s) below, I or my child may be taken to and cared for at the nearest hospital. I agree to accept financial responsibility for all medical expenses incurred.

Hospital _____ Hospital _____

Nearest Hospital _____

Photos and likenesses of the above may be utilized for historical and or advertising/public relations for First Baptist Church without remuneration for said likenesses.

Signed /Parent/Guardian

Date

State of _____ County of _____

The foregoing Consent was acknowledged before me this _____ day of _____, 20____, by _____ and _____

(Notary Seal)

Notary Public
My Commission Expires: _____