

FIRST BAPTIST CHURCH OF FENTON
MEDICAL AUTHORIZATION RELEASE FORM
(TO BE COMPLETED BY PARENT OR GUARDIAN)

The sponsors (chaperones) of this trip are hereby authorized to secure medical treatment for my child. Permission is hereby given to medical facilities and physicians to proceed with whatever medical procedures are necessary in the case of accident or illness. In case of medical treatment, I will assume all responsibility for incurred expenses.

The name of my insurance carrier is _____

Phone # of insurance carrier to verify benefits: _____

Policy type: HMO_____PPO_____POS_____Other:

Name of insured:_____

Social Security # of insured:_____

My insurance # or control # is (if different from above) _____

Name of child _____

Birth date:_____

See back for additional medical information

SIGNATURE OF PARENT/GUARDIAN _____

STATE OF MISSOURI

SS _____

COUNTY OF ST. LOUIS

BEFORE ME APPEARED _____ ,

WHO SIGNED AND AGREED TO THE TERMS OF THE ABOVE MEDICAL RELEASE.

NOTARY PUBLIC

My commission expires:

(SEAL)

MEDICAL INFORMATION FORM

YOUTH NAME: _____

HOME PHONE: _____

ADDRESS: _____

(Street)

(City)

(ST)

(Zip)

EMERGENCY PHONE#S:

Parent's Work #'s: _____ Beeper _____ Cellular #: _____

Relative: _____ # _____

Friend: _____ # _____

Is your child currently taking medication? Yes NO

If yes, please indicate type, dosage, and length of medication per drug.

- 1.
- 2.
- 3.
- 4.
- 5.

(If more than five, please make a complete list for attachment)

Is your child allergic to any medications? _____ Yes _____ NO

If yes, please list: 1.

2.

3.

4.

Does your child have any other allergies? _____ Yes _____ NO

If yes, please list: 1.

2.

3.

4.

Does your child become ill when exposed to the sun or sunburn easily? _____ Yes _____ No

Please rate the swimming ability of your child:

Non-swimmer () Fair () Average () Good ()

Please indicate any social, physical, or medical information not listed which may be Necessary for sponsors or medical personnel to know in the treatment of your child.

Date initially completed: _____ Revised: _____