

Winnwood Baptist Church Medical Release Form
For any and all events sponsored by Winnwood Baptist Church

Participant Name: _____ Birth Date: _____ Phone: _____

Address: _____ City/State/Zip: _____

Medical Profile

Generally, participant's health is: (check one) ___Excellent ___Good ___Fair ___Poor

If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: ___asthma ___sinusitis ___bronchitis ___kidney trouble
___heart trouble ___diabetes ___dizziness ___upset stomach ___hay fever

List any any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: ___chickenpox ___measles ___mumps ___whooping cough ___other: _____

Date of Tetanus Immunization: _____

Family Physician: _____ Phone: _____

Insurance Co.: _____ Policy # _____

Subscriber Name: _____ Subscriber/Group # _____

If insured through employer:

Employer: _____ Work Phone: _____

Permission for Medical Treatment, Release and Indemnity

My permission is granted for the event director, church official or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Winnwood Baptist Church, co- sponsors, and event sponsors from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in events sponsored or co-sponsored by Winnwood Baptist Church. I agree to indemnify Winnwood Baptist Church for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in such events (including travel to and from) or while on property leased or owned by Winnwood Baptist Church.

Complete and sign below (students under 18 years of age requires Parent/Legal Guardian signature)

Parent/Legal Guardian Signature: _____

Date: _____

Participant's Signature (if 18 or over): _____

Date: _____

Include COPY of INSURANCE CARD (include front and back of card)