



Medical Release Form / Permission To Treat  
Northside Baptist Church, Huntsville, Texas

**Personal Information:**

Name: \_\_\_\_\_

SSN (opt) : \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact Information:**

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Insurance Information:**

Insurance Co: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Cardholder: \_\_\_\_\_ Cardholder's Relationship: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Insurance Co. Phone: \_\_\_\_\_

**Personal Medical Information:**

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physical Limitations (Asthma, Diabetes, Allergies, etc.), and/or Special Instructions (Allergic to certain m eds,  
Allergic to certain foods, rare blood type, wears contact lenses, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List ALL medication taken on a regular basis and/or any brought with you to Camp  
(Prescription meds MUST have a pharmacy label and name of Doctor and be given to an adult leader).

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

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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 Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for the described person herein. In the event of an emergency and neither myself or secondary emergency contact can be reached, I hereby give permission to the Physician selected by the participant's Church sponsor to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to the person described herein.

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 the church, it's employees or agents from li ability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking part in recreation activities and other activities related to participation in youth functions.

I further give permission to Northside Baptist Church to use any photographs or video taken of my child for use in promotional products such as print or website materials for said church.

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_  
(if 18 yrs old)

or

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(if participant is a minor)