

# 2012 Medical Consent & Release Form

**Fernwood Baptist Church**  
**200 Fernwood Drive**  
**Spartanburg, South Carolina 29307**  
**Phone (864) 582-7467 Fax (864) 582-7477**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ age \_\_\_\_\_

Street Address \_\_\_\_\_ City & zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Teens cell # \_\_\_\_\_

Parents' Names \_\_\_\_\_ Work phone \_\_\_\_\_  
cell# \_\_\_\_\_

## Emergency Names & Phone Numbers

1. Name \_\_\_\_\_ phone# \_\_\_\_\_

2. Name \_\_\_\_\_ phone # \_\_\_\_\_

Physicians Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group # \_\_\_\_\_

When was the subjects last physicians visit \_\_\_\_\_ List reason \_\_\_\_\_

Does the subject have any special medical conditions requiring medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the medical condition. \_\_\_\_\_

Give name of the medication and dosage \_\_\_\_\_

(include prescription and over the counter medication)

Is the subject allergic to any kind of foods? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_

Is the subject allergic to any medication or insect bites ? If yes, describe in detail. \_\_\_\_\_

Has the subject ever been under anesthesia ? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please date and describe \_\_\_\_\_

Has the subject ever been hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list reasons and the dates: \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Are there any medical reasons why the subject should not participate in a particular physical activity?  
\_\_\_\_\_

Does the subject swim? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the Subject wear contact lenses ? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent or Guardian:** *please sign below if the subject needs to be supervised in the taking of medication.* I \_\_\_\_\_, give a Fernwood chaperone permission to administer the medications listed below. List medications and dosage. \_\_\_\_\_

The adult chaperones on any said trip are authorized to gain emergency medical treatment for \_\_\_\_\_, who is subject to this form. I understand all reasonable safety precautions will be taken at all times by Fernwood Baptist Church or its agents liable for any accident, injury, or disease incurred by the subject of this form. I am aware that participation in any activity carries a risk and I wave any rights or claims for damages against Fernwood Baptist Church or its agents. I do hereby state that all of the above information is correct and up to date. I understand that in the event that medical attention is needed every attempt will be made to contact the person(s) below immediately.

I understand this document is valid until December 31, 2012 and a copy will be kept on file at Fernwood Baptist Church. As a dependable parent or guardian it is my responsibility to update any information contained in this document.

Signed (persons aged 18 and over)

X \_\_\_\_\_ date \_\_\_\_\_

Print full name \_\_\_\_\_

Parents or guardians signature (if subject is under 18)

X \_\_\_\_\_ date \_\_\_\_\_

Print full name \_\_\_\_\_

**THIS FORM MUST BE NOTORIZED**

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

X (NOTORY PUBLIC) \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

**Church Insurance Coverage: Correll Insurance Group (864) 583-5445**

**Vehicle Insurance Coverage: Cincinnati Insurance Co. CHU 1391101**

**Group Coverage: Hartford Insurance Co. 22 YG 142405**