

MEDICAL RELEASE FORM

Effective date from January 1, 2017-December 31, 2017

State Street Baptist Church

1420 State Street

Cayce, SC 29033

(803) 796-6123

(Please print in ink)

NAME: _____
(First) (MI) (Last)

Age: _____ Birthdate: _____ / _____ / _____

HOME ADDRESS:

Street/Apt#: _____

City: _____ State: _____ Zip _____

Phone: _____ E-Mail: _____

NAME OF MY INSURANCE COMPANY: _____

Policy Holder: _____ POLICY # _____

Plan/Group # _____ INSURANCE CO'S PHONE#: _____

***Please update above information ASAP in the event any of the above information changes.

***Please list all medications, allergies, and medical conditions on the back of this form if applicable.

Minors Under Age 18 Only

The above named is a minor under the age of 18. I _____,
(Parent or Legal Guardian Full Name)

give my permission for he/she to go off of State Street Baptist Church grounds under the supervision of an adult leader/chaperone. My emergency contact number is _____.

All Applicants

In the event I cannot be reached in a medical emergency, I give the leader(s)/chaperones from State Street Baptist Church permission to seek medical care for the above named, and if necessary to make emergency medical decisions necessary to best preserve his/her health and wellbeing.

(Signature of Parent/Legal Guardian or above named individual over age 18)

(Date signed)

Conditions:

Allergies:

Medications:
