

Medical Release Form / Permission to Treat

Name of Church: Thomasville First Church

City/State: Thomasville, GA

Personal Information:

Name: _____

DOB: ____/____/____ Age: ____ Gender: ____

Address: _____

City: _____ State: ____ Zip: _____

Emergency Contact Information:

Parent/Guardian: _____

Home Phone: (____) _____ Work Phone: (____) _____

Secondary Contact: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

Insurance Information:

*Attach a copy of your insurance card to this form.

Insurance Co.: _____ Group#: _____ Policy#: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Co. Address: _____

Insurance Co. Phone: (____) _____

Personal Medical Information:

Physician s Name: _____ Phone: (____) _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or Special Instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.): _____

List ALL medication taken on a regular basis and/or any brought with you. (Prescription meds MUST have a pharmacy label and name of doctor.)

List all operations/serious injuries and dates within the past five (5) years:

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 myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I

hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above. 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, its employees or agents from liability 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 place in recreation activities and other activities related to participation in youth functions.

Early Return Home Policy: Should it be necessary for a student to return home due to medical reasons, disciplinary actions or otherwise, the undersigned shall assume all transportation costs and responsibility.

Covenant and Behavior: The undersigned, as well as the Participant, does hereby agree that all rules, (including, but not limited to dress code and use of electronic devices) and regulations set forth by an approved adult will be followed for any and all events sponsored by or participated in by Thomasville First Church. Failure to comply can/will result in returning home early (see above) at the expense of the undersigned.

Drug and Alcohol Use: There is a ZERO TOLERANCE policy for drugs and alcohol at all TFMC related events. The Participant will not bring, consume, or distribute any illegal substances while participating in any church sanctioned event. Failure to abide by this policy will result in parents and/or guardians being contacted, as well as appropriate law enforcement agencies. I understand that students will be sent home at the expense of the undersigned for failure to adhere to this policy.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

The following should be completed by the notary witnessing parent/guardian(s) signature.

The State of _____ the County of _____ Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, A.D. _____.

Notary Public, Signature _____

My commission expires the _____ day of _____, A.D. _____.