

# 2017 MEDICAL RELEASE FORM - Minor

Raleigh Road Baptist Church (252.243.0383)

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone (Preferred Number) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

School \_\_\_\_\_ Grade in or just completed \_\_\_\_\_ Parent Name (PRINT) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Parent(s) business phone \_\_\_\_\_ Parent's E-mail address \_\_\_\_\_

To indicate permission and/or agreement please check  the following boxes:

- We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
- The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been trusted while attending and participating in activities sponsored by Raleigh Road Baptist Church.
- I understand that it is my responsibility, as legal guardian, to make certain the medical information on this form is current and accurate. It is my responsibility to complete a new form should any of the information change during the year.
- I, the undersigned, do hereby release, remiss, and forever discharge leaders and Raleigh Road Baptist Church of Wilson, NC from any and all claims, demands, actions, or cause of action while our youth are participating in any youth sponsored event.

Hospital Insurance  Yes  No

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

Policy Number \_\_\_\_\_

Parent's Place of Employment \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ (Relationship)

Please list any allergies or special medical problems your child may have \_\_\_\_\_

Is your youth taking any long-term prescription medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

**A first-aid kit accompanies us when away from the church. Please check  any medication listed below that you approve of us giving to your youth if needed:**

- Tylenol  Advil  Dramamine  Pepto Bismol  Benadryl  Kaopectate
- Rheban (diarrhea, too)  Actifed  Robitussin  Vicks  Cough Drops
- Tums  Others: \_\_\_\_\_

**Optional - Please include a copy of any insurance cards or information that you feel would help speed up the process in an emergency situation.**