

Common People Ministries



Corey Calicott, Youth Pastor
corey@fbcredwater.org

Kristi Lee, Youth Ministry Assistant
kristi@fbcredwater.org

P.O. Box 98 Redwater, TX 75573
PH: (903) 671 2142 FAX: (903) 671 2257

Common People Ministries Sponsor Medical Release Form

This form must be signed.

Name: _____
Birthdate: ____/____/____ Age: ____ Sex (M/F): ____
Address: _____
City: _____ State: _____ Zip: _____
Spouse/Parent: _____
Home Phone:(____) _____ Work Phone:(____) _____
Secondary contact to notify in event of emergency: _____
Their relationship to you: _____ Their phone:(____) _____

Please supply ALL of the following information.

Medical Ins. Co.: _____ Group# _____ Policy#: _____
Company's address: _____ Phone:(____) _____
City: _____ State: _____ Zip: _____
Family 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 person herein described may 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 to order X-rays, routine tests, and treatment for my spouse/child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the participant's church sponsor/his designee to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my spouse/child as named above.

I further authorize the release of the above medical information to the appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release First Baptist Church of Redwater, TX, its staff, employees, and/or sponsors from liability associated with participation in First Baptist Church of Redwater, TX.

Signature of Spouse/Parent

Date

I, _____, understand and agree to abide with the restrictions placed on my activities by my spouse/parent.

Signature of Sponsor Participant