

# Valley Baptist Student Ministry

4800 Fruitvale Avenue

661-387-6339

## Release Form Permitting Medical Treatment For Adults

(Please Print)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: M F (circle one)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

List name & phone numbers where emergency contacts can be reached in order of priority.

1. \_\_\_\_\_ 3. \_\_\_\_\_
2. \_\_\_\_\_ 4. \_\_\_\_\_

Spouse name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Known Allergies (include food, medicine, other): \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Current Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Primary Medical Ins. Company: \_\_\_\_\_ (attach copy of card)

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

Secondary Medical Ins. Company (if applicable): \_\_\_\_\_ (attach copy of card)

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

Briefly describe any concerns or health issues the staff of Valley Baptist Student Ministry should be aware of.

\_\_\_\_\_

In Case Of Emergency - It is the policy of Valley Baptist Church in the case of illness, accident, or any other medical emergency to make a reasonable attempt to promptly contact the emergency contact. It is required that we have you sign the following statement.

I/WE, \_\_\_\_\_, do hereby authorize VALLEY BAPTIST CHURCH, its representative to select transportation to their chosen licensed physician who may use upon and administer to the said adult while attending him/her: x-ray examination, anesthetic, medical or surgical diagnosis or treatment, order injections, or hospitalize, as in the opinion of such physician is deemed necessary or advisable.

I/WE, \_\_\_\_\_, hereby give consent to appear in photographs, audiovisual productions and/or any other means of publication media taken and used by Valley Baptist Church and its assigns or successors.

*This form is Valid for all meetings, events, and activities effective 1/1/18 thru 12/31/18*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church Attending: \_\_\_\_\_