

Medical Consent & Release Form

Fernwood Baptist Church
200 Fernwood Drive
Spartanburg, South Carolina 29307
Phone (864) 582-7467 Fax (864) 582-7477

Name _____ Date of Birth _____ age _____

Street Address _____ City & zip _____ Grade _____
Phone number _____ Social Security # _____

Parents' Names _____ Work phone _____ Cell _____

Emergency Names & Phone Numbers

1. _____ phone # _____ cell# _____
2. _____ phone # _____ cell# _____

Physicians Name _____

Address _____ phone _____

Medical Insurance Company _____

Policy Number _____ Group # _____

When was the subjects last physicians visit _____ List reason _____

Does the subject have any special medical conditions requiring medication? Yes _____ No _____

If yes, describe the medical condition. _____

Give name of the medication and dosage _____

(include prescription and over the counter medication)

Is the subject allergic to any kind of foods? Yes _____ No _____

If yes, describe _____

Is the subject allergic to any medication or insect bites ? If yes, describe in detail. _____

Has the subject ever been under anesthesia ? _____ Yes _____ No _____ If yes, please date and describe

Has the subject ever been hospitalized? Yes _____ No _____ If yes, list reasons and the dates:

Date of last Tetanus shot _____

Are there any medical reasons why the subject should not participate in a particular physical activity?

Does the subject swim? Yes _____ No _____

Does the Subject wear contact lenses ? Yes _____ No _____

Parent or Guardian: *please sign below if the subject needs to be supervised in the taking of medication.* I _____, give a Fernwood chaperone permission to administer the medications listed below. List medications and dosage. _____

The adult chaperones on any said trip are authorized to gain emergency medical treatment for _____, who is subject to this form. I understand all reasonable safety precautions will be taken at all times by Fernwood Baptist Church or its agents liable for any accident, injury, or disease incurred by the subject of this form. I am aware that participation in any activity carries a risk and I wave any rights or claims for damages against Fernwood Baptist Church or its agents. I do hereby state that all of the above information is correct and up to date. I understand that in the event that medical attention is needed every attempt will be made to contact the person(s) below immediately.

I understand this document is valid until December 31, _____ and a copy will be kept on file at Fernwood Baptist Church. As a dependable parent or guardian it is my responsibility to update any information contained in this document.

Signed (persons aged 18 and over)

X _____ date _____
Print full name _____

Parents or guardians signature (if subject is under 18)

X _____ date _____
Print full name _____

THIS FORM MUST BE NOTORIZED

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20_____.

X (NOTORY PUBLIC) _____
MY COMMISSION EXPIRES _____ \ _____ \ _____

Church Insurance Coverage: Correll Insurance Group (864) 583-5445
Vehicle Insurance Coverage: Cincinnati Insurance Co. CHU 1391101
Group Coverage: Hartford Insurance Co. 22 YG 142405

Notary Services are available in the Church Office during regular office hours.
Please wait to sign and date your forms if using the church's services.