

# DBA Children's 2020 Medical Release Form

(One form per participant and please complete in pen)

Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## MEDICAL INFORMATION:

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of person insurance is under: \_\_\_\_\_ Group #: \_\_\_\_\_

Blood Type \_\_\_\_\_ (if known)

## HEALTH HISTORY:

Do you have any medical problems or physical limitations? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any medications or food? If so, please explain.

\_\_\_\_\_

Do you take any medication on a regular basis? If so, please list:

\_\_\_\_\_

## CONSENT FOR EMERGENCY TREATMENT (Signature required from participant, or parent or guardian if under 18)

In case of an emergency, I hereby give permission to the physician selected by the church/group sponsor representative to hospitalize, secure proper treatment for and order injections, anesthesia, or surgery for myself/my child/ward as named above. I also hereby give permission for my child to participate in all activities, travel, service projects, and other activities. I, therefore, agree to assume as an explicit condition of my child's/ward's participation, any and all risks, including, but not limited to these enumerated above. I agree to hold harmless the above named sponsor, the sponsoring church or group from any and all liabilities, claims, demands, and causes of action whatsoever which may arise due to the participation of myself or my child /ward.

I realize, also, that in the event of illness or injury while participating in its activities, medical treatment may be required. I hereby give permission for any such treatment to be rendered, and I agree to bear the cost of such treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notary Public Stamp