



## Emergency Medical Information

Participant's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

### Parent or Guardian Information

Name(s) \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

### Insurance Information

Company \_\_\_\_\_

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

### Person to notify in event of an emergency (other than Parent):

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone # \_\_\_\_\_

### Medical History:

Allergies:

Present Medications:

Past medical problems:

Other important information:

# Parent Consent/Release Form

First Baptist Church  
Conway, South Carolina

**(Please complete the medical information on the other side as well!)**

For the period beginning **January 1, 2016** and ending **December 31, 2016** -- for all announced Activities, Events, and Outings:

I/We, the undersigned, do realize that by allowing my/our child to take part in activities, events, and outings sponsored by First Baptist Church Conway during the time period beginning **January 1, 2016** and ending **December 31, 2016** I/we am/are giving my/our permission for him/her to do so.

I/We, the undersigned, do hereby understand that my/our signature grants my/our permission for the undersigned group leader or designated adult sponsor to allow treatment in the event of an emergency, medical or dental, if I/we am/are unable to be contacted.

I/We, the undersigned, do hereby agree to be liable and to pay all costs incurred with such treatment including any transportation costs that may be required due to medical treatment with the knowledge and understanding that First Baptist Church Conway, South Carolina nor its employees nor its agents/agencies may be held responsible or liable for such circumstances.

I/We the undersigned, do hereby give my/our child permission to ride in any vehicle (with proper safety measures taken) designated as group transportation by the group leader.

Signature of Participant \_\_\_\_\_ Date - -

Signature of Parent \_\_\_\_\_ Date - -

Signature of Parent \_\_\_\_\_ Date - -

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Patrick Jones  
First Baptist Church  
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