

RIDGECREST BAPTIST CHURCH
Medical Release Form

(This permission form MUST BE notarized. We have a Notary Public in the office for your convenience.)

To Whom It May Concern:

I, the undersigned, being the Father/Mother or Guardian of _____
born (*birthdate*) _____, a minor child or incapacitated, do hereby authorize Ridgecrest Baptist Church of Madison, Mississippi, or through its staff, personnel, representative of camp, employees, or agents to make provisions for any medical care which may be deemed necessary by a licensed physician for said child and make any other decisions or give other consents deemed necessary for the health or welfare of said child at any time. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, that sponsor or group leader should act as my agent to consent to such diagnostic procedures and hospital care, including X-ray, medical anesthesia, or surgery, as deemed necessary to secure and maintain the health and well being of the above-named minor so long as said treatment is deemed advisable by and is rendered under the supervision of a physician or surgeon properly qualified and licensed under the law. As such medical treatment deemed necessary by competent medical personnel is authorized.

I do ___; do not* ___; carry personal medical insurance coverage on the above-named minor:

Name of Insurance Company: _____

Policy Number: _____

Address of Insurance Company: _____

City, State, Zip Code: _____

Insurance Company Phone Number: _____

*If you do not carry insurance on your son/daughter, please provide the following insurance information:

Medicare No. _____ Medicaid No. _____

List allergies and current medication or other pertinent medical information:

This is a yearly medical permission form, which will remain on file in the church office and used whenever needed until revoked, undersigned or expired after the current year valid.

Dated this the _____ day of _____ 200__

(Signature of Parent or Legal Guardian) Please Print Name

Phone No: Home _____ Work _____ Cell _____

Address: Street/Apt. _____ City _____ Zip _____

Emergency Contact other than parent/guardian: Name _____

Relationship _____ Phone _____

Notary Public Complete Below

State of _____ Address _____

County of _____ Phone: _____

Sworn and subscribed before me this the _____ day of _____ 200__

Notary Public Signature

My Commission Expires (stamp below):