

HIGHLAND PARK BAPTIST CHURCH  
Medical Release Form/Permission to Treat

Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

Sex(M/F): \_\_\_\_\_

Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

EMERGENCY CONTACT

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Secondary contact to notify in event of emergency: \_\_\_\_\_

INSURANCE INFORMATION

Please supply *ALL* of the following information. **Attach a copy of your insurance card.**

Medical Insurance Co.: \_\_\_\_\_ Group # \_\_\_\_\_ Policy# \_\_\_\_\_

MEDICAL HISTORY

Check the appropriate blanks:

IMMUNIZATIONS: Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Other \_\_\_\_\_

ILLNESSES: Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Problems \_\_\_\_\_ Heart Problems \_\_\_\_\_

Blood Disorder \_\_\_\_\_

Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hay Fever \_\_\_\_\_

Broken Bones (list) \_\_\_\_\_

Other (list) \_\_\_\_\_

ALLERGIES: (list types) \_\_\_\_\_

Food \_\_\_\_\_

Insect Stings/Bites \_\_\_\_\_

Poison Sumac, Oak or Ivy \_\_\_\_\_

Parents Authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp/trip activities except as noted by me and the examining physician. I hereby give permission to the physician selected by the Director to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director to Hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child named above.

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

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