

Seventh & James Baptist Church
602 James Avenue, Waco, Texas 76706
254-753-6425
YOUTH MINISTRY MEDICAL RELEASE FORM

NAME _____ SS# _____ SEX _____ AGE _____

HOME ADDRESS _____

PARENT/GUARDIAN _____ PHONE _____

Notify in case of emergency:

1. _____ PHONE _____

2. _____ PHONE _____

HEALTH HISTORY (check; give approximate dates)

Ear infections _____	Hay fever _____	Chicken pox _____
Rheumatic fever _____	Ivy poisoning _____	Measles _____
Convulsions _____	Insect stings _____	German measles _____
Diabetes _____	Penicillin _____	Mumps _____
Other drugs _____	Asthma _____	Date of last Tetanus shot _____

Operations or serious injuries (dates) _____

Chronic or recurring illness _____

Other diseases or details of above _____

List all allergies _____

Specific activities to be encouraged? _____

restricted? _____

IMPORTANT: Please notify the church if you are exposed to any communicable disease within three weeks of the event (retreat, trip, etc.).

This health history is correct so far as I know, and I am able to engage in all Youth-Ministry-sponsored activities, except as noted by me, my parent, or my physician on this form.

In the event of an emergency, I hereby give permission to the physician selected by the Youth Minister, or adult in charge, to secure proper treatment for me (my child).

This release applies to all ski trips, mission trips, retreats, all water-related activities, and all Youth Ministry activities sponsored by Seventh & James Baptist Church of Waco, Texas.

SIGNATURE _____ DATE _____

(Parent/Guardian if participant is under 18 years of age)

Medical insurance _____ Policy # _____

Name of Insured _____ Group # _____

Address of insurance company _____