

Adult Medical Release Form

INSTRUCTIONS: Each medical release form must be complete before it will be accepted. Please type or print legibly in ink. ***DON'T LEAVE ANYTHING BLANK!*** We cannot assume that a blank space means "none," so if your answer is "none" or "not applicable," please write that in. Forms with missing information will be returned to you.

Name _____ Gender _____

Address _____ Birthday ____/____/____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact _____

Relationship _____ Daytime Phone (_____) _____

Evening Phone (_____) _____

PLEASE SUPPLY ALL THE FOLLOWING INFORMATION:

Medical Insurance Company _____

Address _____

Phone (_____) _____

Group # _____ Policy # _____

Physical Limitations and/or Special Instructions: (Asthma, diabetes, allergies, etc.):

List any medication you take on a regular basis and/or any you will bring with you this trip:

Date of Last Tetanus Shot _____ Social Security Number _____

ADULT MEDICAL AND SURGICAL WAIVER:

I, _____, am 18 years or older and, hereby authorize adult workers of Monterey Baptist Church to consent to any examination, x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as the undersigned, I do hereby expressly consent that I may receive emergency medical treatment from any physician, hospital, or other medical center, do further agree to hold blameless any physician, hospital, other medical center, or any adult worker of Monterey Baptist Church for rendering services.

I do release, acquit, discharge, and covenant to hold harmless the staff of Monterey Baptist Church from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred by me during the trip(s) I attend with Monterey Baptist Church.

I also give authority and permission to Monterey Baptist Church staff to inspect my room and belongings while on this trip for the safety and protection of all participants if unusual circumstances make such an inspection necessary.

I also GIVE or DON'T GIVE (**please circle**) permission for MBC to use pictures of my child for promotional purposes.

Signature of Participant

Date