

Valley Baptist Student Ministry

4800 Fruitvale Avenue

661-387-6339

Release Form Permitting Medical Treatment For Adults

(Please Print)

Name: _____ D.O.B. _____ Gender: M F (circle one)

Home Phone: _____ Cell Phone: _____

Current Address: _____ Zip Code: _____

List name & phone numbers where emergency contacts can be reached in order of priority.

1. _____ 3. _____
2. _____ 4. _____

Spouse name: _____ Cell Phone # _____

Employer: _____ Work Phone # _____

Emergency Contact Name: _____ Cell Phone # _____

Employer: _____ Work Phone # _____

Known Allergies (include food, medicine, other): _____

Date of Last Tetanus Shot: _____

Current Physician: _____ Phone# _____

Primary Medical Ins. Company: _____ (attach copy of card)

Policy # _____ Group # _____

Secondary Medical Ins. Company (if applicable): _____ (attach copy of card)

Policy # _____ Group # _____

Briefly describe any concerns or health issues the staff of Valley Baptist Student Ministry should be aware of.

In Case Of Emergency - It is the policy of Valley Baptist Church in the case of illness, accident, or any other medical emergency to make a reasonable attempt to promptly contact the emergency contact. It is required that we have you sign the following statement.

I/WE, _____, do hereby authorize VALLEY BAPTIST CHURCH, its representative to select transportation to their chosen licensed physician who may use upon and administer to the said adult while attending him/her: x-ray examination, anesthetic, medical or surgical diagnosis or treatment, order injections, or hospitalize, as in the opinion of such physician is deemed necessary or advisable.

I/WE, _____, hereby give consent to appear in photographs, audiovisual productions and/or any other means of publication media taken and used by Valley Baptist Church and its assigns or successors.

This form is Valid for all meetings, events, and activities effective 1/1/19 thru 12/31/19

Signature: _____ Date: _____

Church Attending: _____