

Registration/Medical Release  
First Baptist Church of Columbiana

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ PHONE(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

RELATION \_\_\_\_\_ PHONE(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

LIST FOOD, DRUG, OTHER ALLERGIES \_\_\_\_\_

LIST MEDICATION TAKEN REGULARLY \_\_\_\_\_

ANY SPECIAL MEDICAL INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

MEDICAL RELEASE: I, \_\_\_\_\_, GIVE FULL CONSENT TO THE DESIGNATED/APPROVED CHURCH REPRESENTATIVE TO SECURE ANY NEEDED MEDICAL TREATMENT IN CASE OF EMERGENCY. I ALSO RELEASE THE CHURCH REPRESENTATIVES/ SPONSORS FROM ALL LIABILITY FOR ACCIDENT OR INJURIES ON CHURCH SPONSORED TRIPS OR ACTIVITIES. I FURTHER UNDERSTAND THAT I AM RESPONSIBLE TO MY OWN PERSONAL HEALTH INSURANCE FOR THIS TRIP OR ACTIVITY. I HAVE SUPPLIED, UNDERSTOOD, AND AGREE TO ALL THE INFORMATION CONTAINED IN THIS MEDICAL RELEASE FORM.

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_ **YES, my child may participate in water activities/swimming.**  
**(Please initial)**

SWORN TO AND SUBSCRIBED TO ME THIS DATE \_\_\_\_\_

\_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_  
NOTARY PUBLIC

USE BACK FOR ADDITIONAL LISTING OF MEDICATIONS, ALLERGIES, ETC.