



**PARKER MEMORIAL BAPTIST CHURCH  
MEDICAL INFORMATION / RELEASE FORM 2022  
ADULT / CHAPERONE**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F  
Phone #: \_\_ (\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

_____ Emergency Contact #1	_____ Emergency Contact #2
_____ Relationship	_____ Relationship
_____ Home Phone	_____ Home Phone
_____ Work Phone	_____ Work Phone
_____ Address	_____ Address
_____ City, ST ZIP Code	_____ City, ST ZIP Code

**MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Hospital / Clinic Preference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ ☐ Ins Card on file in church office  
Policy Number: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Social Security # of Insured: \_\_\_\_\_

Do you have any medical problems we should know about if medical treatment should become necessary?

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Please list any medication you take on a regular basis or are now taking:

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Is there any other medical information you feel we should know about you?

If so, please explain: \_\_\_\_\_

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## RELEASES AND CONSENT

I understand this form will include all trips during the 2022 year's activities and covers recreational and other physical activities.

**Medical Release:** I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for myself and waive my right to informed consent of treatment.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Liability Release:** In consideration for the privilege of being allowed to participate in trips and activities, I agree to release and hold harmless Parker Memorial Baptist Church, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to myself while participating, including transportation to and from the activity. Further, I agree to indemnify and hold harmless Parker Memorial Baptist Church, its officers and agents with respect to any claim asserted by or on behalf of myself as a result of bodily injury, illness, or damage.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**