

Porter Memorial Baptist
4300 Nicholasville Rd
Lexington, KY 40515



Ph: 859-272-3441
Fax: 859-273-9724
www.portermemorial.net

Medical Release Form Year: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____

Secondary contact to notify in event of emergency: _____

Their Relationship to You: _____ Their Phone: _____

Please supply ALL of the following information. Include a copy of your insurance card.

Medical Insurance Co.: _____ Policy ID #: _____

Company's Address: _____ Company's Phone: _____

Subscriber Name: _____ Group #: _____

Family Physician's Name: _____ Phone: _____

Check any of the following that cause you problems and explain.

____ heart trouble ____ chest pain ____ asthma ____ allergies/sinusitis ____ diabetes

____ seizures ____ back/arm/neck problems ____ knee/ankle problems

Explanation : _____

List any medical difficulties for which you are currently being treated: _____

List ALL medication taken on a regular basis, or currently being taken:

List any allergies or special needs:

List any operations or serious illnesses:

Date of Last Tetanus Immunization: _____

Emergency Authorization- I hereby give permission to medical personnel selected by the participant's sponsor/minister of Porter Memorial Baptist Church to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the participant's sponsor/minister of Porter Memorial Baptist Church to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Porter Memorial Baptist Church, its volunteers, or employees from liability associated with participation in activities with Porter Memorial Baptist Church.

Parent/Guardian Signature: _____ Date: _____

Notary Signature: _____ Date: _____

My commission expires: _____