First Baptist Church, Norman
211 West Comanche, Norman OK 73069
405-321-1753

Medical Information/Release Form

Name_____ **Age**_____ **Gender**_____

Address_____ **City**_____ **Zip**_____

Phone_____ **Email**_____

SS# (for medical needs only) _____**Birthdate** _____

Emergency Contact_____

Relationship_____ **City of Residence**_____

Phone_____

The undersigned hereby authorizes any staff member and or trip leader who may be supervising or directing any activity sponsored by the First Baptist Church, Norman, OK to seek emergency medical treatment necessary while you are participating in a FBCN sponsored activity including travel to and from the activity.

If the above named person is a minor your signature authorizes the care on their behalf.

Signature_____**Date**_____

Cell phone_____ **Work** _____

Medical Insurance Information

This information will be requested by the physician and medical facility in the event of an emergency. Please help us by assuring the information provided is complete and accurate. This medical release form is valid for one year for all FBC sponsored activities. If any of the information you have provided should change before this expiration date, please complete a new form and return it to the church office.

Participant_____

Parent or Guardian (for minor participant) _____

Policy carried under what name_____

Policy owner occupation_____

Employer_____. Employer Phone_____

Employer Address_____

City _____St._____ Zip _____

Insurance Carrier Name_____

Insurance Carrier Address_____

City _____ St._____ Zip_____

Policy Number_____ Group Number _____

Please list any medical issues _____

_____

Please list medications and condition being treated._____

_____

Please list any allergies to medications _____

Please list other allergies i.e. food, environmental, other_____

Date of last Tetanus Shot_____ (use back of form if necessary)

Signature _____ Date_____