

**Broadmoor Baptist Church, Madison, MS**

**MEDICAL INFORMATION AND RELEASE FORM  
CONFIDENTIAL**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Goes by: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone # \_\_\_\_\_ What school do you attend? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

In Emergency Notify \_\_\_\_\_ Ph# \_\_\_\_\_

Relationship \_\_\_\_\_

Insurance Company \_\_\_\_\_ Ph# \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Ph# \_\_\_\_\_

**MEDICAL HISTORY**  
(check all that apply)

\_\_\_ Asthma \_\_\_ Sinusitis \_\_\_ Bronchitis \_\_\_ Kidney Trouble \_\_\_ Heart Trouble

\_\_\_ Diabetes \_\_\_ Other (specify) \_\_\_\_\_

Is child currently on medication? (List) \_\_\_\_\_

Allergies: Food \_\_\_\_\_

Drugs (list by name) \_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_

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**EMERGENCY AUTHORIZATION AND INDEMNIFYING CLAUSE**

I hereby give permission to the medical personnel authorized by the Broadmoor Baptist Church representatives, agents, servants, volunteers, and employees to obtain necessary medical attention, x-rays, routine tests, and treatment in case of sickness or injury of Minor. In the event I cannot be reached in an emergency, I hereby give consent to the physician selected by the representatives, agents, servants, volunteers, and employees to hospitalize, to secure proper treatment for, and to order injections and/or anesthesia and/or surgery for Minor. I agree that a photocopy of this consent form may be used by any health provider as evidence of my consent. The undersigned further agrees to fully indemnify and hold harmless from all claims, demands, and causes of action arising or which may arise against said representatives, agents, servants, volunteers, and employees of Broadmoor Baptist Church of Madison, MS, or Broadmoor Baptist Church of Madison, MS, itself resulting during said period and as a result of actions taken by said parties in furtherance of this authority so granted.

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

\_\_\_\_\_  
Date

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ the afore signed personally appeared before me and in my presence executed the within and foregoing permission and release form.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
My Commission Expires