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Medical Release Form

Each participant attending any or all Istrouma Baptist Church scheduled (retreats, conferences, camps, etc.) must complete this form. This form will be kept on file in the Istrouma Baptist Church office and will remain effective for any authorized Istrouma Baptist Church event this person participates in until said participant's parent or guardian nullifies this form via written request. **NOTE:** This form must be notarized by a legal official before two (2) witnesses.

Name _____ Date of Birth _____ Grade _____
Street Address _____
City _____ State _____ Zip Code _____
E-mail Address _____ Phone # _____

Are you a member of Istrouma Baptist Church? Yes No

Primary Physician _____ Phone # _____
Health Insurance Company _____ Policy Number _____
Insurance Company Phone # _____ Group # _____

Do you have any special health issues Istrouma Baptist Church should be aware of? Yes No

If so, please explain: _____

MEDICAL HISTORY:

Immunizations: Tetanus/Date _____ Polio Booster Measles Mumps

Other: _____

CHECK BOX BELOW IF YOU HAVE EXPERIENCED...

- Asthma Sinusitis Bronchitis Kidney issues Heart issues Dizziness Stomach issues Hay Fever
- Sleepwalking Epilepsy Diabetes Fainting Spells
- Other _____

List medicines taken on a regular basis (including all prescriptions):

Allergies Foods _____
 Penicillin or other drug (name) _____
 Insect stings/bites (name) _____
 Poison sumac, oak, ivy, etc _____

Previous surgical operations or illnesses _____

Do you swim? Yes No Advanced Beginner

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MEDICAL POWER OF ATTORNEY AND
RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC and two competent witnesses,
personally came and appeared _____ who, after being
(name of parent or guardian)
sworn did depose and state that (s)he as the legal parent or guardian of

_____ and does hereby grant,
(name of child)

without reservation, to Istrouma Baptist Church through employees, agents and representatives designated by Istrouma Baptist Church full and complete authority to make all medical decisions concerning the child named above including but not limited to the choice of means of transportation to and the choice of medical facilities, doctors, nurses, healthcare providers, treatment plans, surgery and all other medical procedures including but not limited to injection and/or administration of medicines, anesthetizing agents and other solutions, bandages, slings, casts and other medical devises which are medically necessary in the event that medical care must be rendered in an expeditious manner for the safety, comfort, wellbeing and/or health of said child. As the parent or guardian of said child, I hereby authorize and direct the person(s) designated by Istrouma Baptist Church to incur on behalf of the child such costs and expenses as are necessary to render transportation and medical care to the child named above and that, as the above named parent or guardian, I shall be solely and completely liable for such costs and expenses so incurred. I also understand that if my son or daughter needs to be sent home for any reason (i.e. illness, injury, or disciplinary), I will be contacted at one of the numbers below and I will be responsible for any and all expenses incurred. This medical power of attorney shall remain in force and effect unless and until I revoke same in writing and which revocation is actually delivered to Istrouma Baptist Church.

Emergency contact Information:

Contact Name: _____

Contact numbers: _____ or _____

THUS DONE AND SIGNED on this ___ day of _____, 201__.

X _____ Print parent name: _____

Witnesses:

X _____ Print witness name: _____

X _____ Print witness name: _____

_____, Notary Public # _____