

# New Salem Baptist Church

836 New Salem Rd. Kennesaw, GA 30152 770-428-4630

## 2009 – 2010 MEDICAL PERMISSION AND RELEASE FORM

### Permission for Emergency Treatment

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

#### PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### ALTERNATE PERSON TO BE CONTACTED IN EMERGENCY:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

#### PAST MEDICAL HISTORY

MEDICATIONS REGULARLY TAKEN: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

HEALTH PROBLEMS: \_\_\_\_\_

#### PERMISSION FOR MEDICAL TREATMENT

I, being a person authorized by law to give such permission, do hereby give my permission for emergency medical treatment to be given to the person who is the above-named subject of this form. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, that failing to reach me, all reasonable attempts to contact the alternate listed above will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release New Salem Baptist Church and all persons associated with this organization from any liability associated with any accident, injury, or disease to the person who is the subject of this form.

\_\_\_\_\_  
SIGNATURE of subject of form if 18 or over/otherwise, parent/guardian

\_\_\_\_\_  
Date Document Signed

Taken, subscribe and sworn to before me, a Notary Public, in and for the County and state  
aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

(SEAL)

Notary Public for the State of Georgia. \_\_\_\_\_

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