

CALVARY FIRST BAPTIST CHURCH
Mesquite, Texas

MEDICAL AND LIABILITY RELEASE FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Social Security No.: _____ - _____ - _____ DL# _____

Home No.: _____ Work No.: _____ Cell No.: _____

In Case of Emergency, notify: _____ Relation: _____

Emergency Contact: Home # _____ Work #: _____ Cell # _____

Primary Care Physician: _____ City: _____ Phone: _____

HEALTH HISTORY:

Allergies: _____ Insects? If so, what: _____

_____ Drugs? If so, what: _____

_____ Other allergies? Explain _____

Conditions: _____ Heart Condition _____ Frequent Colds _____ Chronic Asthma

_____ Frequent stomach upsets _____ Hay Fever _____ Epilepsy

_____ Diabetes _____ Physical handicap

If you checked any of the above, please give details (*i.e., include normal treatment of allergic reactions*):

Date of last tetanus shot: _____

Name and dosage of any medications that must be taken: _____

Any activity restrictions? _____ Yes _____ No If yes, explain: _____

Do you have health insurance? Yes No If yes, Name of Insurance Co. _____

Name of Insured _____ Policy/Member Number: _____

Address of Insurance Co: _____ Phone: _____

Treatment Authorization:

“In the event that I am unable to authorize medical treatment, I hereby give permission to the representative of Calvary First Baptist Church (Mesquite, TX) (the “Church Representative”) to seek and consent to treatment for any sickness or injuries I sustain, including, but not limited to, hospitalization, injections, administration of anesthesia, consent to surgery or any other treatment deemed necessary by such Church Representative.”

SIGNATURE: _____ DATE: _____

LIABILITY RELEASE:

Every activity sponsored by Calvary First Baptist Church (Mesquite, TX) (the “Church”) is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this Medical and Liability Release Form, I agree to assume and accept all risks and hazards inherent in church-related social activities. I also agree not to hold the Church or its employees or Church Representatives liable for any damages, losses or injuries that may occur to the undersigned person or property. I understand that by signing this Medical and Liability Release Form, I am signing both a medical release and a liability release. Furthermore, I assume the responsibility for notifying the Church immediately of any changes or additions that need to be made to the information I have provided on this Medical and Liability Release Form.

Signature_____ Date:_____

STATE OF TEXAS §

COUNTY OF DALLAS §

SUBSCRIBED TO AND SWORN BEFORE ME ON THE _____ DAY OF _____,
_____.

Notary Public, State of Texas