

ADULT

Year: 2022

Health Release Form

Name _____ Birth Date _____

Home Address _____ Phone _____
(Street)

(City) (State) (Zip)

Emergency Contact:

Name _____ Phone _____

(Street) (City) (State) (Zip)

Insurance Carrier _____ Policy No. _____

Cardholder's SS # _____ Cardholder's DOB _____

Physician's Name _____ Phone _____

Please include a copy of your insurance card (FRONT and BACK of card).

Chicken Pox? ___ Yes ___ No Appendix removed? ___ Yes ___ No Fainting spells? ___ Yes ___ No
Convulsions? ___ Yes ___ No Asthma? ___ Yes ___ No Diabetes? ___ Yes ___ No
Heart trouble? ___ Yes ___ No Insect Bite Allergy? ___ Yes ___ No If Yes, what insect? _____
Food allergies? _____ Drug allergies? _____

Date of last Tetanus: _____

Please list **any** special conditions, restriction, etc. that staff and medical personnel should be aware of:

I grant permission for any other adult, affiliated with First Baptist Church of Amarillo (over the age of 21), to seek necessary medical attention on my behalf. This permission is effective for one year from January 1, 2022- December 31, 2022. I hereby release and forever discharge all other adults, affiliated with FBC Amarillo and of First Baptist Church, Amarillo, from all claims, demands, actions, or causes of action, past, present or future, arising out of any damage or injury while participating with FBC Amarillo.

Signature _____ **Date** _____