

LEGAL NAME _____ LAST NAME FIRST NAME PREFERRED NAME: _____

DATE OF BIRTH: ___/___/___ GENDER (CHECK ONE): MALE FEMALE

CAMPUS (CHECK ONE): AVENUE SOUTH BRENTWOOD LOCKELAND SPRINGS HARPETH HEIGHTS
NOLENSVILLE STATION HILL WEST FRANKLIN WOODBINE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT INFORMATION:

RELATIONSHIP TO PARTICIPANT (CHECK ONE): SPOUSE PARENT FRIEND OTHER _____

NAME: _____ MOBILE #: _____

EMERGENCY CONTACT (IN CASE WE CANNOT REACH THE ABOVE)

RELATIONSHIP TO PARTICIPANT (CHECK ONE): SPOUSE PARENT FRIEND OTHER _____

NAME: _____ MOBILE #: _____

MEDICAL INFORMATION:

In the unlikely event that we would have to transport you to the hospital, we need all medical information possible. We will keep these on file in the ministry office for the 2023 calendar year.

You will be responsible to notify us if your insurance information changes.

GENERALLY, THE PARTICIPANT'S HEALTH IS: (check one): Excellent Good Fair Poor

If Fair or Poor, please explain the condition: _____

CHECK the following health conditions that apply to the participant. If necessary, add another page with details. Do you suffer from, or have you ever experienced, or are you being treated currently for any of the following:

___ Asthma / Breathing / Respiratory Issues ___ Physical Limitations* ___ Epilepsy / Seizure Disorder
___ Frequently Upset Stomach / Ulcers ___ Cardiac Issues ___ EPIPEN ___ Diabetes
___ Other _____

*Additional Information Required _____

List any major illnesses, injuries, or surgeries during the last year _____

List any Food Allergies (please name) _____

List any Drug Allergies (please name) _____

Last Tetanus Immunization Date: ___/___/___

(Please initial) ___ All immunizations are up to date

Should this the participant's activities be restricted for any reason? Yes No

If yes, please explain: _____

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you have and which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form.

YOU MUST PROVIDE A COPY OF YOUR MEDICAL INSURANCE CARD (FRONT & BACK) TO THE STUDENT MINISTRY OFFICE.

___ INITIAL HERE IF PARTICIPANT IS NOT CURRENTLY INSURED.

ADULT MEDICAL RELEASE

2020 MEDICAL & RELEASE FORM



PERMISSIONS AND RELEASES:

BY SIGNING BELOW, THE PARTICIPANT ACKNOWLEDGES THAT THE PARTICIPANT NAMED ON PAGE 1, WILL ATTEND ANY BRENTWOOD BAPTIST CHURCH NEXT GEN ACTIVITIES FROM JANUARY 1, 2023 THROUGH DECEMBER 31, 2023.

I UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED IN ANY MINISTRY OR ATHLETIC EVENT, AND I HEREBY RELEASE THE CHURCH, ITS PASTORS, EMPLOYEES, AGENTS, AND VOLUNTEER WORKERS FROM ANY AND ALL LIABILITY FOR ANY INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY THAT MAY OCCUR DURING THE COURSE OF MY INVOLVEMENT. THIS CONSENT FORM GIVES PERMISSION TO SEEK MEDICAL ATTENTION AS DEEMED NECESSARY, AND RELEASES THE CHURCH AND ITS STAFF OF ANY LIABILITY AGAINST PERSONAL LOSSES OF PARTICIPANT. IN THE EVENT THAT I AM INJURED AND REQUIRES THE ATTENTION OF A MEDICAL PROVIDER, I CONSENT TO ANY REASONABLE MEDICAL TREATMENT AS DEEMED NECESSARY BY A LICENSED PROVIDER. IN SUCH AN EVENT WHERE TREATMENT IS REQUIRED, FROM A PROVIDER AND/OR HOSPITAL PERSONNEL DESIGNATED BY THE CHURCH, I AGREE TO HOLD SUCH PERSON(S) FREE AND HARMLESS OF ANY CLAIMS, DEMANDS, OR SUITS FOR DAMAGES ARISING FROM THE GIVING OF SUCH CONSENT.

I ALSO ACKNOWLEDGE THAT WE WILL BE ULTIMATELY RESPONSIBLE FOR THE COST OF ANY MEDICAL CARE SHOULD THE COST OF THAT MEDICAL CARE NOT BE REIMBURSED BY THE HEALTH INSURANCE PROVIDER. FURTHER, I AFFIRM THAT THE HEALTH INSURANCE INFORMATION PROVIDED ABOVE IS ACCURATE AT THIS DATE AND WILL, TO THE BEST OF MY KNOWLEDGE, STILL BE IN FORCE FOR THE PARTICIPANT NAMED ON PAGE 1. I ALSO AGREE TO BRING MYSELF HOME AT MY OWN EXPENSE SHOULD I BECOME ILL OR IF DEEMED NECESSARY BY A BRENTWOOD BAPTIST CHURCH STAFF MEMBER.

I ALSO GIVE PERMISSION TO BRENTWOOD BAPTIST CHURCH TO PHOTOGRAPH AND/OR VIDEO TAPE ME FOR PROMOTIONAL PURPOSES OF BRENTWOOD BAPTIST CHURCH.



By signing below, I am agreeing that the information provided above is correct and true to the best of my knowledge.

Name (Print) _____

Name (Signature) _____ Date: _____