



GAYTON BAPTIST

BELONG • BELIEVE • BECOME

MEDICAL/RELEASE FORM

I am submitting this form to:

- Gayton Youth
- Gayton Kids
- Gayton On Mission
- Other: _____

For: _____
EVENT NAME

13501 N Gayton Road | Henrico, VA 23233 | 804.360.2801 | www.GaytonChurch.org

Must be completed and signed by parent or guardian and/or participant.

Please provide all requested information on this form. Incomplete forms will not be accepted.

Please include the following information with this form:

- (1) Completed Medical Form
- (2) Photocopy of up-to-date Insurance Card [Front & Back]

PARTICIPANT & FAMILY INFORMATION

Participant Name: _____
FIRST MIDDLE LAST

Nickname: _____ Gender: M F Birthdate: ____/____/____ Age: _____

School: _____ Grade: _____ Phone Number: (____) _____
IF UNDER 18 HOME [IF DIFFERENT THAN PARENT/GUARDIAN] OR CELL

Address: _____
STREET APT #

CITY STATE ZIP

Parent / Guardian 1: _____
NOT REQUIRED IF OVER 18

Phone Numbers: (____) (____) (____)
HOME CELL WORK

E-mail Address(es): _____
HOME WORK / ALTERNATE

Parent / Guardian 2: _____
NOT REQUIRED IF OVER 18

Phone Numbers: (____) (____) (____)
HOME CELL WORK

E-mail Address(es): _____
HOME WORK / ALTERNATE

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship to participant: _____

Phone Numbers: (____) (____) (____)
HOME CELL WORK

INSURANCE & PHYSICIAN INFORMATION

PLEASE ATTACH A COPY OF YOU/YOUR CHILD'S INSURANCE CARD [FRONT & BACK]

Medical Insurance Carrier: _____ Policy Number: _____

Primary Physician: _____
NAME PHONE

Dentist: _____
NAME PHONE

Other Physician: _____
NAME AND DESCRIPTION PHONE

MEDICAL HISTORY

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/your child is subject and of which the staff should be aware. Please also include any action of protection required on account thereof.

Please check the following areas of concern for you/your child. If necessary, add another page with details.

1. For your/child's safety and our knowledge, are you/is your child a:

_____ Good Swimmer _____ Fair Swimmer _____ Non-Swimmer

2. Do you/does your child have allergies to (please list if applicable):

_____ Pollens _____ Medications _____ Foods _____ Insect Bites

Specifics: _____

3. Do you/does your child suffer from or have you/has s/he experienced or are you/is s/he currently being treated for:

_____ Asthma _____ Epilepsy/Seizures _____ Heart Trouble _____ Diabetes

_____ Frequent Upset Stomach _____ Physical Handicap

Specifics: _____

4. Date of last Tetanus shot: _____

5. Do you/does your child (or do you) wear: _____ Glasses _____ Contacts

6. Please list and explain any major illnesses you/your child has experienced during the last year. Should your/your child's activity be restricted for any reason? Please provide specifics.

PERMISSION AGREEMENT AND SIGNATURE

I, the undersigned, have legal custody of the child named above, a minor, and give consent for him/her to attend events being organized by Gayton Baptist Church. In the event that s/he is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician.

I authorize Gayton Baptist Church to copyright and publish all photographs and video in which I/my child may appear or speak in to publicize or promote future events and/or ministries of the Church. I release all claims against Gayton Baptist Church with respect to the copyright, publication or use of such photographs or video footage, including any claim for compensation related to their use.

_____ is permitted to participate in activities sponsored by Gayton Baptist Church.

NAME OF YOUTH OR SELF

PARENT/GUARDIAN/OWN SIGNATURE

DATE

OFFICE USE ONLY