

Porter Memorial Baptist  
4300 Nicholasville Rd  
Lexington, KY 40515



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www.porterstudents.com

**Medical Release Form: Year \_\_\_\_\_**

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

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

Parent/Guardian: \_\_\_\_\_

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

Secondary contact to notify in event of emergency: \_\_\_\_\_

Their Relationship to You: \_\_\_\_\_ Their Phone: \_\_\_\_\_

*Please supply ALL of the following information. Include a copy of your insurance card.*

Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Company's Address: \_\_\_\_\_ Company's Phone: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Check any of the following that cause you problems and explain.*

heart trouble  chest pain  asthma  allergies/sinusitis  diabetes  
 seizures  back/arm/neck problems  knee/ankle problems

Explanation: \_\_\_\_\_

List any medical difficulties for which you are currently being treated: \_\_\_\_\_

List ALL medication taken on a regular basis, or currently being taken: \_\_\_\_\_

List any allergies or special needs: \_\_\_\_\_

List any operations or serious illnesses: \_\_\_\_\_

Date of Last Tetanus Immunization: \_\_\_\_\_

**Emergency Authorization-** I hereby give permission to medical personnel selected by the participant's sponsor/minister of Porter Memorial Baptist Church to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the participant's sponsor/minister of Porter Memorial Baptist Church to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Porter Memorial Baptist Church, its volunteers, or employees from liability associated with participation in activities with Porter Memorial Baptist Church.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_