



First Baptist Church
313 North Poplar St
Paris, TN 38242
(731) 642-5074

Adult Medical Release Form

Event Name _____

Effective dates _____ to _____

Please print in ink

Name _____ Age _____ Birthday _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____ Year in school _____

Gender (circle) Male Female

Medical Insurance Co. _____ Policy # _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Emergency Contact _____ Home Phone _____ Work _____ Cell _____

Past Medical History
(Please circle the appropriate information)

- | | | | | |
|-----------|---------------------|----------------|---------------|----------|
| Sinusitis | Bronchitis | Kidney Trouble | Heart Disease | Diabetes |
| Dizziness | High Blood Pressure | Lung Disease | Allergies | Asthma |

ALLERGIES (list type)
Food _____

Drugs _____

Insect Stings/Bites _____

Previous operations or serious illnesses _____

Date of Last Tetanus Injection _____

Current medications (list) _____

Special Diet (name) _____

If necessary, describe in detail the nature and severity of any physical/psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which you are subject to and of which the staff of First Baptist Church 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.

Comments: _____

Participant's Signature: _____ Date: _____