



encouraging.joyful.compassionate

7600 Studley Road, Mechanicsville, VA 23116

Phone: (804) 746-4952 Fax: (804) 746-7287

Website: www.NorthsideVa.org

**Adult Medical Release/Activity Participation Form**

Full Name \_\_\_\_\_ Birth date \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Phone #s: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone #s: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Medical insurance carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Carrier address: \_\_\_\_\_ Name of insured person \_\_\_\_\_

Insured's place of employment: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone(s) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone(s) \_\_\_\_\_

*Please attach a photocopy of your medical insurance form or card (front and back).*

\_\_\_ I chose not to provide a copy of my medical insurance form or card.

**Health History (Check if applicable and give approximate dates):**

\_\_\_ High Blood Pressure      \_\_\_ Diabetes      \_\_\_ Bleeding disorders

\_\_\_ Heart defect/disease      \_\_\_ Asthma      \_\_\_ Seizures

Chronic or recurring illness or medical condition: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Any other information you feel medical personnel should know in advance about your health:

\_\_\_\_\_

**Allergies (Check):**

Penicillin \_\_\_ Insect stings, (specify): \_\_\_\_\_

Ivy Poisoning \_\_\_ Drug allergies (specify): \_\_\_\_\_

Food allergies (specify): \_\_\_\_\_

Any other allergies: \_\_\_\_\_

**Current Medications (List prescription, over-the-counter, and herbal):**

Medication name: \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_

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Blood type (if known) \_\_\_ Are immunizations current? (tetanus, hepatitis, etc.) \_\_\_yes \_\_\_ no

**Waiver and Liability Form**

I acknowledge that my participation in an activity sponsored by Northside is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions and meetings. Therefore, in consideration of my participation in our church program activities, I agree to the following: (Please initial below)

\_\_\_\_\_ Northside Baptist Church of Mechanicsville Virginia, Inc. is not responsible for the loss or theft of personal belongings.

\_\_\_\_\_ I understand and authorize that my image may be photographed or filmed and used in video presentations, printed publications and the annual photo directory, including the church's internet website.

\_\_\_\_\_ I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: (1) I waive, release and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my participation in Northside's activities; (2) I indemnify and hold harmless Northside Baptist Church of Mechanicsville Virginia, Inc. and its staff and volunteers from any claims made or liabilities assessed against them as a result of my actions.

**I hereby assume the risks of my participating in all Northside Baptist Church of Mechanicsville Virginia, Inc. activities.**

\_\_\_\_\_ I hereby authorize any licensed physician, emergency medical technician, hospital or other medical health care facility to treat me (named herein) for the purpose of attempting to treat or relieve any injury I received should I be unable to act for myself.

\_\_\_\_\_ I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve my injuries.

\_\_\_\_\_ I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences of any medical treatment, and I assume any such risk for and on behalf of myself. I understand that attempts will be made to contact my family in the most expeditious way possible. Permission is also granted to the representative of Northside Baptist Church of Mechanicsville Virginia, Inc. to provide the needed emergency treatment and my admission to a medical facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Notary Acknowledgement:***

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me \_\_\_\_\_, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

Notary Registration Number: \_\_\_\_\_

My Commission expires: \_\_\_\_\_