



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: \_\_\_\_\_