Medical Permission & Treatment Release Form Hephzibah/Kilpatrick Baptist Associations

Kilpatrick Baptist Association, P.O. Box 895, Thomson, GA 30824, 706-595-5324 http://www.kilpatrickbaptist.net/

Name			Age	Gra	de
		City	. 0	State	Zip
Emergency Contact _		7 <u></u> P	hone		_ 1
Family Physician	Phone				
Insurance Company		Policy	<i>r</i> #		
Include a copy of the	front and back of ye	our insurance card, MUNIZATIONS	staple it t	o this form.	
Tetanus Other:		ster Meas	les	Mun	nps
	PAST N	MEDICAL HISTO	ORY		
Asthma	Sinusitis	Bronchitis		Kidney Troub	ole
Diabetes Other:	Heart Trouble		_	Hay Fever	
Allergies					
Drugs:					
Insect Stings/Bites:					
Poison Sumac, Oak, or Iv Previous Operations or So	y: erious Illness:				
Trevious Operations of St					
		N. 1. D.			
Chickenpox Other:	Mumps	Childhood DiseasesWhooping Cou	gh	Meas	sles
I grant my permission medical attention in or Tim Batchelor , Hep	case of sickness or in hzibah/Kilpatrick	njury, as well as su Baptist Associatio	pervision and Missi	rights to onary.	·
I, the undersigned, do forever discharge all demands, action, or c while employed by o	sponsors at the Hepleause of action, past,	hzibah /Kilpatrick present, or future	Associatio	ons from any	y and all claims
The application date This day of				(Year)	
SIGNATURE:		PRINT NA	ME:		
I grant permission for mission trip in which information, reports, that I object to any pa	r the Hephzibah /Kil I will participate fro newsletters or bulle	om July 6-12, 2019 tins. I understand t	in press i	eleases, pub	olicity
SIGNATURE:					