

PARTICIPANT MEDICAL FORM for July 1-6, 2019 WORLD MISSIONS WEEK

(Print, complete and bring 2 copies with you for ALL youth and adults coming to World Missions Week-Do not mail)

NAME _____ AGE _____ DATE OF BIRTH _____ / _____ / _____

Parent's Name _____ PHONE (_____) _____ - _____

Mailing Address _____

In case of emergency notify: _____ PHONE (_____) _____ - _____ Relation _____

NAME OF CHURCH _____ PHONE (_____) _____ - _____

MEDICAL PROFILE

GENERAL HEALTH (check one) _____ Excellent _____ Good _____ Fair _____ Poor

If FAIR or POOR please explain condition _____

LIST ANY MEDICAL DIFFICULTIES FOR WHICH YOU ARE CURRENTLY BEING TREATED _____

LIST ANY MEDICINES OR SUBSTANCES TO WHICH YOU ARE ALLERGIC _____

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING _____

LIST ANY PREVIOUS OPERATIONS OR SERIOUS ILLNESSES _____

LIST ANY SPECIAL DIET (for medical purposes) _____

CHECK CHILDHOOD DISEASES: CHICKEN POX MEASLES MUMPS WHOOPING COUGH OTHER

DATE OF TETANUS IMMUNIZATION: _____ / _____ / _____ FAMILY PHYSICIAN _____

INSURANCE INFORMATION

INSURANCE COMPANY _____ POLICY # _____

SUBSCRIBER NAME _____ DOB of Subscriber _____

SUB. # _____ PLACE OF EMPLOYMENT _____ OCCUPATION _____

WORK PHONE NUMBER (_____) _____ - _____ OTHER CONTACT NUMBER (_____) _____ - _____

PERMISSION TO TREAT AND PHOTO/VIDEO NOTICE

My permission is granted for the WORLD MISSIONS WEEK STAFF, CHURCH OFFICIAL, or ADULT present or in charge to obtain necessary medical attention in case of sickness or injury to my camper. I also understand that as a participant, my child may be photographed or videotaped during the normal WORLD MISSIONS WEEK camp activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, the Baptist State Convention of North Carolina and their employees and North Carolina Baptist Men from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while employed by or participating in WORLD MISSIONS WEEK.

Please complete and sign below (students under 18 years of age requires parent/custodial signature)

PARTICIPANTS SIGNATURE _____ DATE _____ / _____ / _____

PARENT/CUSTODIAL SIGNATURE _____ DATE _____ / _____ / _____

PARENT/CUSTODIAL NAME (print) _____