

FIRST BAPTIST CHURCH
2897 GREEN STREET
MARIANNA, FLORIDA 32446

MEDICAL RELEASE AND PERMISSION TO TREAT FORM
(A copy of the front and back of the appropriate Insurance card(s) must be attached to this form).

Last Name First Middle Sec (M/F) Date of birth Social Security Number

Street Address City State Zip

*****IN CASE OF EMERGENCY, NOTIFY ONE OF THE FOLLOWING, IN THE ORDER LISTED*****

1. _____
Name Relationship Work Phone Home Phone Cell Phone

2. _____
Name Relationship Work Phone Home Phone Cell Phone

Parent/Guardian Information:

1. _____
Name Relationship Work Phone Home Phone Cell Phone

Street City State Zip

2. _____
Name Relationship Work Phone Home Phone Cell Phone

Street City State Zip

Please supply ALL of the following information AND attach a copy of your insurance card.

Medical Insurance Company _____ Group # _____ Policy # _____

Company Address _____ Phone # _____

City _____ State _____ Zip _____

Family Physician _____
Name Office Phone No.

Address

Other Physician _____
Name Office Phone No.

Address

Physical Limitations (Allergies, asthma, diabetes, drug allergies, rare blood type, wears contact lens, and/or special instructions:

List all surgeries/serious injuries within the past five (5) years: _____

PLEASE CONTINUE ON THE REVERSE SIDE OF THIS FORM