

SOUTHERN BAPTIST DISASTER RELIEF - REGION 3

Arkansas, Texas-TBM, Texas-SBTC, Missouri, Louisiana, Oklahoma, Mississippi

MEDICAL RELEASE FORM

Name: Last _____ First _____ Middle _____

Address: _____ City _____ State _____ Zip _____

Phone: (H) _____ (C) _____ (W) _____

Date of Birth _____ **Spouse Name** _____

Emergency Contact Spouse Cell _____ Work _____

1.) _____ Relationship _____ Phone _____

2.) _____ Relationship _____ Phone _____

Church: _____ City _____ Phone _____

Association _____

Pastor: _____ Phone (H) _____ Cell _____

Physician: _____ Phone _____

Medical Insurance Co. _____ Policy # _____

MEDICAL HISTORY

Year Date of Last Tetanus Shot _____

- Allergy (explain reaction)
Food/Meds/Plant/Insect
- Asthma
- Back Pain
- Blood Pressure High/Low
- Blood Disorder (explain)

- Broken Bone (explain)
- Diabetes
- Dizziness/Fainting
- Headaches
- Heart Disease (explain)
- Hepatitis A/B/C

- Kidney Disease
- Mononucleosis
- Past Surgery (explain)
- Seizures
- Stroke
- Other (explain)

Please explain the above noted health problems and any additional special medical conditions of which the Unit Leader (Blue Cap) should be aware: (may use back)

MEDICATION: Please list medications taken on a regular basis with dosage and time to be taken.

Please use back of form if more room is needed

THE FOLLOWING STATEMENT WILL BE SIGNED WHEN THE UNIT IS ACTIVATED

The above information is accurate to the best of my knowledge. I understand this form will be kept by the Unit Leader (Blue Cap) for use if needed. I give permission to release information to medical personnel if necessary. Should I be unconscious, I give permission to a Southern Baptist Disaster Relief representative to act as spokesman in granting permission for emergency treatment (including anesthesia) if necessary.

Signature _____ **Date** _____