American Baptist
G·I·R·L·S
Girls In Relationship, Leadership & Service
of Pennylvania/Delaware

2017 ABWMOPAD CONFERENCE
MEDICAL FORM

NAME		TELEPHONE	
STREET ADDRESS	CITY		
STATE	ZIP	DATE OF BIRTH	
INSURANCE COMPANY	POLICY NUMBER	GROUP NUMBER	
MEDICATIONS TAKEN REGULARLY - HOW OFTEN			
ALLERGIES - REACTIONS			
ANY HEALTH ISSUES			
LAST TETANUS SHOT	FAMILY DOCTOR	TELEPHONE	
NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY	TELEPHONE	ALTERNATIVE TELEPHONE	
ADDRESS		RELATIONSHIP	
ALTERNATE NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY	TELEPHONE	ALTERNATIVE TELEPHONE	
ADDRESS		RELATIONSHIP	

I, being a person authorized by law to give such permission, do hereby give my permission for emergency medical treatment to be given to the person who is named above. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and that failing to reach me, attempts to contact the alternate above will be made and that the sponsor on campus has been contacted. I understand that all reasonable precautions will be taken for safety at all times. I further release The American Baptist Women, American Baptist Churches, _____ (child's church), and all persons associated with these organizations from any liability associated with any accident, injury, or disease to the person that is subject to this form.

Signature of Parent/Guardian _____ Date _____