

# SOUTHERN BAPTIST DISASTER RELIEF - REGION 4A

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

## MEDICAL RELEASE FORM

Revision: January 1, 2020

<b>Name: Last</b>		<b>First</b>		<b>Middle</b>	
<b>Address:</b>		<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Phone: (H)</b>		<b>(C)</b>		<b>(W)</b>	
<b>Date of Birth</b>		<b>Spouse Name</b>			

<b>Emergency Contact</b>	<b>Spouse Cell</b>		<b>Work</b>	
1.)		<b>Relationship</b>		<b>Phone</b>
2.)		<b>Relationship</b>		<b>Phone</b>

<b>Church:</b>		<b>City</b>		<b>Phone</b>	
<b>Association</b>					
<b>Pastor:</b>		<b>Phone (H)</b>		<b>Cell</b>	

<b>Physician:</b>		<b>Phone</b>	
<b>Medical Insurance Co.</b>		<b>Policy #</b>	

MEDICAL HISTORY	Year	Date of Last Tetanus Shot	
<input type="checkbox"/> Allergy (explain reaction)	<input type="checkbox"/>	Broken Bone (explain)	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Food/Meds/Plant/Insect	<input type="checkbox"/>	Diabetes	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Asthma	<input type="checkbox"/>	Dizziness/Fainting	<input type="checkbox"/> Past Surgery (explain)
<input type="checkbox"/> Back Pain	<input type="checkbox"/>	Headaches	<input type="checkbox"/> Seizures
<input type="checkbox"/> Blood Pressure High/Low	<input type="checkbox"/>	Heart Disease (explain)	<input type="checkbox"/> Stroke
<input type="checkbox"/> Blood Disorder (explain)	<input type="checkbox"/>	Hepatitis A/B/C	<input type="checkbox"/> 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 if needed)

**MEDICATION:** List medications taken on a regular basis with dosage and time to be taken

	<b>Use back of form if more room is needed</b>

**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.*

<b>Signature</b>	<b>Date</b>
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