



# Colbert Heights First Baptist Church ACTS 1:8 TEAMS

6000 Woodmont Drive • Tuscumbia, Alabama 35674  
(256) 383-8016

## MEDICAL RELEASE AFFIDAVIT (ADULT)

I, \_\_\_\_\_, will travel with FBCCH to \_\_\_\_\_ on these specified dates: \_\_\_\_\_. FBCCH has permission to make any decisions regarding medical emergencies on my behalf if I am unable to do so. I will not hold FBCCH responsible for sickness or accidents which may occur on the trip. I realize that I am responsible for providing medical insurance.

Please answer the following questions:

1. Please indicate any pertinent information we should have concerning any medical problems you may have: \_\_\_\_\_
2. Are you allergic to any form of medication or food? NO \_\_\_ YES, please describe: \_\_\_\_\_
3. Please give us the following information concerning your insurance protection:
  - A. Insurance Company \_\_\_\_\_
  - B. Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_
4. Do you have any history of:
 

Heart Problems..... NO \_\_\_ Yes, please describe: \_\_\_\_\_

Kidney Problems..... NO \_\_\_ Yes, please describe: \_\_\_\_\_

Lung Problems..... NO \_\_\_ Yes, please describe: \_\_\_\_\_
5. Please give names and telephone numbers of two people to contact in case of emergency:
 

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

X \_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

### Notary Information:

\_\_\_\_\_, Notary Public  
My Commission Expires \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_

SEAL