MEDICAL INFORMATION AND CONSENT



This form must be completed and emailed to wmforms@mbcb.org

Select Event:	☐ Mississippi Baptist All-State Youth Choir & Orch	nestra	HeartSong	☐ Sumn	ner Music & Arts Can	np for Kids (SMACK)
Participant N	ame		Date of	Birth	Age	Gender
Grade Last Co	ompleted: Parent/Guardian Names			Church		
Address						
	O Box or Street	City			State	Zip Code
Medical Insur	rance Company		Р	olicv#		
PLEASE IN	CLUDE A SCAN OF <u>BOTH SIDES</u> OF THE INSURAN	CE CARD. IF YOU	DO NOT HAV	'E MEDICAL	INSURANCE, ENTI	ER "NONE" ABOVE.
EMERGEN	ICY CONTACTS					
Primary	Relationship		Cell #		Home/Work # _	
	Relationship					
Alternate #2	Relationship		Cell #		Home/Work # _	
HEALTH H	IISTORY Do you currently have or have you ever been	en treated for any o	the following?	?		
YES NO	CONDITION	DETAILS OF CONI			ATMENT	
	Contacts/Glasses					
	Legally Blind					
	Removable Dental Appliances					
	Ear/Eyes/Nose/Sinus problems					
	Migraines/Frequent Headaches					
	Head Injury or Concussion					
	Nosebleeds					
	Fainting Spells/Dizziness/POTS					
	Seizures/Epilepsy					
	Other neurological problems					
	Thyroid problems					
	High Blood Pressure					
	Adult or congenital heart disease/heart					
	attack/chest pain (angina)/coronary artery					
	disease/heart murmur. Any heart surgery or					
	procedure. Explain all 'yes' answers.					
	Stroke/TIA					
	Asthma					
	Obstructive Sleep Apnea/Sleep Disorders					
	Other Lung/Respiratory Problems					
	Diabetes					
	Celiac Disease					
	Chron's Disease					
	Gastric Esophageal Reflux Disease					
	Irritable Bowel Syndrome					
	Motion Sickness					
	Other Abdominal/Stomach/Digestive Problems					
	Kidney or Urinary Tract Problems					
	Blood Disorders/Sickle Cell Disease					
	Muscle or Bone Issues					
	Anxiety/Panic Attacks					
	Depression					
	Other Psychiatric/Psychological/Emotional					
	Difficulties					
	List all surgeries and hospitalizations					
	Any other medical conditions not covered above					
	List any physical restrictions we should be					
	familiar with					
	Chicken Pox or Varicella Vaccine?	Date of last Vacc	ne:			
	Measle/Mumps/Rubella or Vaccine?	Date of last Vacci				
	Tetanus Vaccine?	Date of last Vacc				
	. Starius Vaccine.	2 01 1450 7 400				

ALLERGIES Are you allergie to or do you have any adverse reaction to any of the following? Please explain any reaction and treatment. YES NO ALLERGIES / REACTIONS EXPLAIN	ivaille						Date of Birtii		
Are you allergic to or do you have any adverse reaction to any of the following? Please explain any reaction and treatment. YES NO ALLERGIES / REACTIONS EXPLAIN	ALLE	DCIES							
YES NO ALLERGIES / REACTIONS EXPLAIN			to or do you have any ac	dverse reaction to	o any of the followi	ng? Please evolain any reactio	n and treatment		
MEDICATIONS List all medications currently used, including any over-the-counter medications. If additional space is needed, please indicate on a separate sheet and att. NO MEDICATIONS List all medications currently used, including any over-the-counter medications. If additional space is needed, please indicate on a separate sheet and att. NO MEDICATIONS ARE ROUTINELY TAKEN MEDICATION DOSE FREQUENCY REASON INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION I give permission to chaperones from the church listed above and Mississippi Baptist Convention Board (MBCB) event staff to administer first aid and ove the-counter medications as needed. If a medical emergency should arise while participating in this Mississippi Baptist Convention Board sponsored event and the emergency contacts cannot be reached; hereby give permission to the church chaperone or MBCB event staff to administer first aid and ove the-counter medications as needed. If a medical emergency should arise while participating in this Mississippi Baptist Convention Board sponsored event and the emergency contacts cannot be reached; hereby give permission to the church chaperone or MBCB event staff to administer first aid and ove the-counter medications to repetit the participating in this Mississippi Baptist Convention Board sponsored event and the emergency contacts cannot be reached; hereby give permission to the church chaperone or MBCB event staff to administer first aid and ove the-counter medication to the participating in this Mississippi Baptist Convention Board sponsored event and the emergency medical beautiful and over the counter medication to meet any emergency medical needs. I further authorize realized personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Signature Printed Name Without Annual Counter The			· · · · · · · · · · · · · · · · · · ·			<u> </u>			
Food Environmental (animal, smoke, mold, etc.) Insect bites/strings Insect bites/st	YES	NO	ALLERGIES / REACTIONS			EXPLAIN			
Environmental (animal, smoke, mold, etc.) Insect bites/stings MEDICATIONS List all medications currently used, including any over-the-counter medications. If additional space is needed, please indicate on a separate sheet and att. NO MEDICATION ARE ROUTINELY TAKEN MEDICATION DOSE FREQUENCY REASON INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION I give permission to chaperones from the church listed above and Mississippl Baptist Convention Board (MBCB) event staff to administer first aid and owner the counter medications as needed. If a medical emergency, should arise while participating in this Mississippl Baptist Convention Board sponsored event and the emergency contacts cannot be reached; I hereby give permission to the church chaperone or MBCB event staff to select a physician and/or hysician many permission to bospitalize, treat and administer medication to meet any emergency medical needs. I further authorize release of provided medical information to appropriate medical personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Signature Obte			Medication						
Environmental (animal, smoke, mold, etc.)			Food						
MEDICATIONS List all medications currently used, including any over-the-counter medications. If additional space is needed, please indicate on a separate sheet and att. NO MEDICATION ARE ROUTINELY TAKEN MEDICATION DOSE FREQUENCY REASON INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION I give permission to chaperones from the church listed above and Misissispip Baptist Convention Board (MBCB) event staff to administer first aid and ove the-counter medications as needed. If a medical emergency should arise while participating in this Misissispip Baptist Convention Board sponsored event and the emergency contacts cannot be reached; I hereby give permission to the church chaperone or MBCB event staff to select a physician and/or hosp for care. I also give the hospital and/or physician my permission to hospitalize, treat and administer medication to meet any emergency medical needs. I further authorize release of provided medical information to appropriate medical personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Signature Date Printed Name Printed Name			rood						
MEDICATIONS List all medications currently used, including any over-the-counter medications. If additional space is needed, please indicate on a separate sheet and att. NO MEDICATION ARE ROUTINELY TAKEN MEDICATION DOSE FREQUENCY REASON INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION I give permission to chaperones from the church listed above and Misissispip Baptist Convention Board (MBCB) event staff to administer first aid and ove the-counter medications as needed. If a medical emergency should arise while participating in this Misissispip Baptist Convention Board sponsored event and the emergency contacts cannot be reached; I hereby give permission to the church chaperone or MBCB event staff to select a physician and/or hosp for care. I also give the hospital and/or physician my permission to hospitalize, treat and administer medication to meet any emergency medical needs. I further authorize release of provided medical information to appropriate medical personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Signature Date Printed Name Printed Name			Environmental (animal,	smoke, mold, etc	c.)				
MEDICATIONS List all medications currently used, including any over-the-counter medications. If additional space is needed, please indicate on a separate sheet and att. NO MEDICATION ARE ROUTINELY TAKEN MEDICATION DOSE FREQUENCY REASON INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION I give permission to chaperones from the church listed above and Mississippil Baptist Convention Board (MBCB) event staff to administer first aid and over the counter medications as needed. If a medical emergency should arise while participating in this Mississippil Baptist Convention Board sponsored event and the emergency contacts cannot be reached; hereby give permission to the church chaperone or MBCB event staff to select a physician and/or hospi for care. I also give the hospital and/or physician my permission to to hospitalize, treat and administer medication to meet any emergency medical needs. I further authorize release of provided medical information to appropriate medical personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Signature Date Printed Name Witness Signature Date									
List all medications currently used, including any over-the-counter medications. If additional space is needed, please indicate on a separate sheet and attemption of the provided medical including any over-the-counter medications. If additional space is needed, please indicate on a separate sheet and attemption of the provided medical including any over-the-counter medications. INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION Igive permission to chaperones from the church listed above and Mississippi Baptist Convention Board (MBCB) event staff to administer first aid and over the-counter medications as needed. If a medical emergency should arise while participating in this Mississippi Baptist Convention Board sponsored event and the emergency contacts cannot be reached; I hereby give permission to the church church persone or MBCB event staff to select a physician and/or hospi for care. I also give the hospital and/or physician my permission to hospitalize, treat and administer medication to meet any emergency medical needs. I further authorize release of provided medical information to appropriate medical personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Witness Signature Date Printed Name Printed Name Printed Name			Insect bites/stings						
List all medications currently used, including any over-the-counter medications. If additional space is needed, please indicate on a separate sheet and attributed by the country of the c									
List all medications currently used, including any over-the-counter medications. If additional space is needed, please indicate on a separate sheet and attributed by the country of the c		ICATIO	NC						
INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION Igive permission to chaperones from the church listed above and Mississipi Baptist Convention Board (MBCB) event staff to administer first aid and ove the counter medications as needed. If a medication sa needed is a medication sa needed is a medication sa needed. If a medication sa needed is a medication sa needed is a medication as needed. If a medication sa needed is a medication to the counter medication of the control of the counter medication of the control of the counter medication of the control of the counter medication and over the counter medication of the counter of the counte				ding any over the	a countar madicatio	ons If additional space is peed	ad place indicate on a congrete c	hoot and attack	
INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION Igive permission to chaperones from the church listed above and Mississiphi Baptist Convention Board (MBCB) event staff to administer first aid and ove the counter medications as needed. If a medical emergency should arise while participating in this Mississippi Baptist Convention Board sponsored event and the emergency contacts cannot be reached; I hereby give permission to the church chaperone or MBCB event staff to select a physician and/or hospi for care. I also give the hospital and/or physician my permission to hospitalize, treat and administer medication to meet any emergency medical needs. I further authorize release of provided medical information to appropriate medical personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Signature Date Printed Name Witness Frinted Name			•		e-counter medication	ons. Il additional space is fieed	eu, piease indicate on a separate s	neet and attact	
INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION I give permission to chaperones from the church listed above and Mississippi Baptist Convention Board (MBCB) event staff to administer first aid and ove the-counter medications as needed. If a medical emergency should arise while participating in this Mississippi Baptist Convention Board sponsored event and the emergency contacts cannot be reached; I hereby give permission to the church chaperone or list of select a physician and/or hospi for care. I also give the hospital and/or physician my permission to hospitalize, treat and administer medication to meet any emergency medical needs. I further authorize release of provided medical information to appropriate medical personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Signature Date Printed Name Witness Signature Date			ONS ARE ROUTINELY IA						
I give permission to chaperones from the church listed above and Mississippi Baptist Convention Board (MBCB) event staff to administer first aid and ove the-counter medications as needed. If a medical emergency should arise while participating in this Mississippi Baptist Convention Board sponsored event and the emergency contacts cannot be reached; I hereby give permission to the church chaperone or MBCB event staff to select a physician and/or hospi for care. I also give the hospital and/or physician my permission to hospitalize, treat and administer medication to meet any emergency medical needs. I further authorize release of provided medical information to appropriate medical personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Witness Printed Name	MEDICATION		DOSE	FREQUENCY	REASON				
I give permission to chaperones from the church listed above and Mississippi Baptist Convention Board (MBCB) event staff to administer first aid and ove the-counter medications as needed. If a medical emergency should arise while participating in this Mississippi Baptist Convention Board sponsored event and the emergency contacts cannot be reached; I hereby give permission to the church chaperone or MBCB event staff to select a physician and/or hospi for care. I also give the hospital and/or physician my permission to hospitalize, treat and administer medication to meet any emergency medical needs. I further authorize release of provided medical information to appropriate medical personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Witness Printed Name									
I give permission to chaperones from the church listed above and Mississippi Baptist Convention Board (MBCB) event staff to administer first aid and ove the-counter medications as needed. If a medical emergency should arise while participating in this Mississippi Baptist Convention Board sponsored event and the emergency contacts cannot be reached; I hereby give permission to the church chaperone or MBCB event staff to select a physician and/or hospi for care. I also give the hospital and/or physician my permission to hospitalize, treat and administer medication to meet any emergency medical needs. I further authorize release of provided medical information to appropriate medical personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Witness Printed Name									
I give permission to chaperones from the church listed above and Mississippi Baptist Convention Board (MBCB) event staff to administer first aid and ove the-counter medications as needed. If a medical emergency should arise while participating in this Mississippi Baptist Convention Board sponsored event and the emergency contacts cannot be reached; I hereby give permission to the church chaperone or MBCB event staff to select a physician and/or hospi for care. I also give the hospital and/or physician my permission to hospitalize, treat and administer medication to meet any emergency medical needs. I further authorize release of provided medical information to appropriate medical personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Witness Printed Name									
I give permission to chaperones from the church listed above and Mississippi Baptist Convention Board (MBCB) event staff to administer first aid and ove the-counter medications as needed. If a medical emergency should arise while participating in this Mississippi Baptist Convention Board sponsored event and the emergency contacts cannot be reached; I hereby give permission to the church chaperone or MBCB event staff to select a physician and/or hospi for care. I also give the hospital and/or physician my permission to hospitalize, treat and administer medication to meet any emergency medical needs. I further authorize release of provided medical information to appropriate medical personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Witness Printed Name									
I give permission to chaperones from the church listed above and Mississippi Baptist Convention Board (MBCB) event staff to administer first aid and ove the-counter medications as needed. If a medical emergency should arise while participating in this Mississippi Baptist Convention Board sponsored event and the emergency contacts cannot be reached; I hereby give permission to the church chaperone or MBCB event staff to select a physician and/or hospi for care. I also give the hospital and/or physician my permission to hospitalize, treat and administer medication to meet any emergency medical needs. I further authorize release of provided medical information to appropriate medical personnel and/or the health insurance company if I am unable to do so will assume primary responsibility for any medical bills. Parent/Guardian Witness Printed Name									
Signature Printed Name Witness Signature Date Date	and the for care further	e emerge e. I also g r authoriz	ncy contacts cannot be r ive the hospital and/or p e release of provided me	reached; I hereby physician my perr edical information	give permission to mission to hospitali	the church chaperone or MBC e, treat and administer medic	CB event staff to select a physician ation to meet any emergency med	and/or hospital lical needs. I	
Signature Printed Name Witness Signature Date Date	Parent	/Guardia	n						
Witness Signature Date Printed Name		,					Date		
Witness Signature Date Printed Name									
Printed Name Date			Printed Name						
Printed Name Date		Mitmos							
	vvitne			Date					
Place Front of Insurance Card Here Back of Insurance Card Here			Printed Name						
Place Front of Insurance Card Here Back of Insurance Card Here									
Place Front of Insurance Card Here Back of Insurance Card Here									
Place Front of Insurance Card Here Back of Insurance Card Here									
Place Front of Insurance Card Here Back of Insurance Card Here									
Place Front of Insurance Card Here Back of Insurance Card Here									
			Place Front of	Insurance Car	rd Here	Back of	Insurance Card Here		