



**Calvary Baptist Church College Ministry**  
**Annual Medical Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Local Address \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_ Class/College \_\_\_\_\_  
Parents' Names \_\_\_\_\_ Parents' Home Phone \_\_\_\_\_  
Parents' Cell Phone Numbers \_\_\_\_\_ / \_\_\_\_\_  
Parents' Address \_\_\_\_\_  
Other Emergency Contact/Phone Numbers \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician \_\_\_\_\_  
Clinic \_\_\_\_\_ Phone \_\_\_\_\_ Emergency \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Member's Name \_\_\_\_\_ Other Info \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medication being taken \_\_\_\_\_  
Physical Handicaps or Special Conditions \_\_\_\_\_

**MEDICAL AND SURGICAL WAIVER**

I, \_\_\_\_\_ expressly grant my permission and consent to Calvary Baptist Church staff, its representatives, sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon me which may in their sole discretion be necessary and proper under the circumstance in the event there arises an emergency necessitating medical/surgical attention. I, the undersigned, do release, acquit, discharge, and covenant to indemnify and hold harmless Calvary Baptist Church or its representatives from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_