

Building Homes Building Hope

Medical Release Form

Emergency Treatment Release Statement: I hereby authorize BHBH staff to render medical treatment to myself/ son/daughter _____, which, in their judgment, is necessary in the event of illness or injury. I understand that I may or may not be contacted regarding this treatment.

(Signature of Participant or Parent/Guardian if under 18) (Date)

*****Participant's
*****Name: _____ Date Of Birth: _____
*****Address: "aa"
Home Phone Number: _____
Father's Contact Number: _____ Mother's Contact Number: _____
Name of Person at Emergency #: _____
Additional Contact Emergency #: _____
Relation to Family: _____

Please list any and all allergies, special medical conditions, special medications, special dietary needs, or health problems with which BHBH should be aware:

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*****Please list any and all medications that participant/minor takes on a regular basis. Include
*****amounts taken, number of daily doses and whether you want this medication to be
*****administered by BHBH or whether they will take it
*****themselves:

Are there any medications that you know of that are contraindicated for medications participant/minor is currently taking on a regular basis?

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Does participant/minor wear glasses? _____ Will he/she bring an extra pair? (Y/N) _____

Date of last tetanus shot: _____

Name of Family Doctor: _____ Office Phone #: _____

Medical Insurance Carrier and Policy #: _____

Name of Dentist: _____ Office Phone #: _____

Dental Insurance Carrier and Policy #: _____