

BAPTIST CONVENTION OF NEW MEXICO
MEDICAL INFORMATION AND CONSENT TO EMERGENCY TREATMENT

Please complete this form in its entirety and return it to your event leader/sponsor before the scheduled event. No Participant (adult or minor) may attend any of the Baptist Convention of New Mexico sponsored camps, retreats, or event without this completed, witnessed form.

Participant Information:

Participant Name: _____
If minor, name of Parent or Guardian: _____
Address: _____ Birth Date: ___/___/___ Age Now: _____
City, State, Zip: _____
Phone: Home (____) _____ Work (____) _____ Mobile (____) _____

Physician / Health Information:

Physician Name: _____ Phone: Day _____ Night _____
Date of last Tetanus or booster shot: ___/___/___ Are all immunizations current? Yes _____ No _____

If no, please explain: _____

List all medical conditions for which Participant is currently being treated (attach extra sheet, if needed) _____

List all medications currently being taken (include precise directions regarding dosing): _____

List all allergies, including food allergies: _____

Important Note to Participant or Parent/Guardian of Participant regarding food allergies: We regret that we do not have the facilities or personnel to insure that any particular meal is free of any allergens. Accordingly, we cannot provide allergy-free meals. We will be glad to serve any special foods that you send, but the Participant must take personal responsibility for avoiding foods that cause an allergic reaction.

Another Note to Participant or Parent/Guardian of Participant: Your church sponsor will be responsible for handling, storing and administering all medications. Four over-the-counter medications are available if needed and if authorized by you. Please indicate if your church sponsor may give the Participant these medications:

Acetaminophen ___ Yes ___ No **Ibuprofen** ___ Yes ___ No **Benadryl** ___ Yes ___ No **Antacid** ___ Yes ___ No

What other important medical information do you believe we need to be aware of? _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If participant is covered by medical insurance, a copy of the insurance card must be attached to this form.

I give permission, by my signature on this document, for emergency medical treatment of Participant. I also assume complete financial responsibility for all medical expenses incurred. I also give my permission to communicate the medical information contained in this authorization to the providers of emergency medical treatment. I have legal authority to consent to emergency medical treatment for my child.

PUBLICITY AUTHORIZATION

BCNM produces videos, including sound, and photographs of every event and these are used in reports and publicity, both locally and nationally, including the BCNM website. We have not found a practical way to separate Participants. THEREFORE, YOUR SIGNATURE ON THIS DOCUMENT, AS WELL AS YOUR PARTICIPATION IN THIS CAMP/EVENT, OR THE PARTICIPATION OF YOUR CHILD, CONSTITUTES YOUR CONSENT FOR THE USE OF MEDIA BY BCNM THAT MAY INCLUDE YOU OR YOUR CHILD, OR BOTH.

Signature – **Adult Participant** or if this is for my child **Parent or Guardian**

YOUR SIGNATURE **MUST** BE WITNESSED BY A STAFF MEMBER OF THE CHURCH OR THE VOLUNTEER CHURCH SPONSOR OF THE EVENT. **IF DOCUMENT IS NOT WITNESSED, PARTICIPANT WILL BE SENT HOME.**

WITNESS

This document was signed and dated in my presence by _____, a person known to me, who represented that this document was signed under penalty of perjury.

My position with the church: _____

Signature of Witness