



Medical Release Form

Name _____ Age _____ Birthday _____

Year in school _____ Male _____ Female _____ Parents Email _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

Home (_____) _____ Home (_____) _____

Work (_____) _____ Work (_____) _____

Cell (_____) _____ Cell (_____) _____

Emergency Contact _____ Relationship to Student _____

Home (_____) _____ Work (_____) _____ Cell (_____) _____

Medical Insurance Company _____ Policy # _____

Physician _____ Office Phone (_____) _____

Dentist _____ Office Phone (_____) _____

Medical Information **::Please include a copy (front and back) of your insurance card::**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a...
Good swimmer _____ Fair swimmer _____ Non-swimmer _____

1. Does your child have allergies to...
Pollens _____ Medications _____ Food _____ Insect bites _____

1. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
Asthma _____ Epilepsy/seizure disorder _____ Heart trouble _____
Diabetes _____ Frequent upset stomach _____ Physical Handicap _____

1. Date of last tetanus shot _____

2. Does your child wear... Glasses _____ Contact lenses _____

3. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? YES NO

Please explain:

_____(Name of Student) has my permission to attend all Student Ministry activities sponsored by **First Baptist Church** (hereinafter the "Church").

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also understand that as a Participant, my child may be photographed and/or videotaped during normal events or activities, and that these photographs/videos may be used in promotional materials or for use during future Student Ministry events. **Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Student Pastor prior to that event.**

Parent/Guardian Signature _____ Date _____