



2010 Permanent Medical Release Form

Last grade completed: _____

Name: _____

Age: _____

Address: _____

Zip: _____

Phone Number: _____

DOB: _____

Parents' Names: _____

Medical Care & Medical Information Authorization

TO THE ATTENDING PHYSICIAN, HOSPITAL AND STAFF:

Permission is hereby granted for you at the discretion of the staff and/or sponsors of First Baptist Church to perform whatever care is necessary for the welfare of my child until such time as you are able to reach us personally.

_____ Permitted: _____
Date (Name & Relation to Child)

****Must be natural or adoptive parent, or legal guardian***

LIABILITY RELEASE

I, _____, do hereby release, absolve, indemnify and hold harmless First Baptist Church, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above named persona arising out of their participation in church sponsored events. In case of injury to our child, we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

_____ Signature: _____
Date (Name & Relation to Child)

****Must be natural or adoptive parent, or legal guardian***

(OVER)

Hospitalization Insurance:

Company: _____

Policy Number: _____

Name of Insured: _____

All Immunizations Current: Yes or No

Name of Physician(s): _____ Phone Number: _____

Allergies, Medical Conditions and Medications

List known allergies, medical conditions, or special needs we need to be aware of:

List any prescription drugs your child is presently taking; state frequency and dosage:

Persons to be contacted in case of emergency:

Name: _____ Home Phone: _____

Office Phone: _____

Cell Number: _____

Other: _____ Home Phone: _____

Office Phone: _____

Cell Number: _____