

FIRST BAPTIST CHURCH
MEDICAL RELEASE FORM

EVENT: _____

Name of Student: _____ Gender: M / F Date of Birth: _____

Address: _____ City: _____ ST: _____ Zip: _____

#s Home: _____ Business: _____ Cell/other: _____

In case of an emergency and we cannot reach parent(s) or guardian, my child may be entrusted to:

1. Name _____ (relationship) _____ Phone _____

Insurance Co. _____ Policy # _____

Allergies (including drugs): _____

Please list any medications to be taken by participant & frequency:

Special instructions or information of medical condition:

In case of emergency, you are authorized to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well being of my child. I release First Baptist Church, Fort Smith, AR, its staff and volunteers from claim or liability due to sickness or injury.

I attest to the fact that the above named child is covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency. I also accept responsibility to have my child picked up immediately in the event of illness, accident, or for disciplinary reasons.

I understand that this is not a permission slip allowing the above named individual to participate in this activity but that this is a MEDICAL RELEASE FORM.

PARENT/GUARDIAN SIGNATURE:

(Signed) _____ (Printed) _____ Date _____

Relationship to Student _____