



*First Baptist Church
Student Ministry
Medical Release Form*

Parents,

This release must be signed and notarized. A student will not be allowed to participate in events that require this form, if this is not signed, and returned,. This form will cover all events at First Baptist church. By signing and returning this form you agree to allow your student(s) to attend any Youth Ministry Event, trip, camp, etc..

PLEASE PRINT

Name _____ Male/Female

Address _____ Phone _____ Cell _____

City _____ State _____ Zip _____ Email _____

School _____ Grade _____ Age _____ Social Security _____

Parent/Guardian Name _____

Daytime Phone _____ Evening Phone _____ Other _____

Additional Contact Numbers

Phone #1 _____ Name _____

Phone #2 _____ Name _____

Insurance Information Insurance Co. _____

Policy # _____

List any current medications/allergies/known medical problems etc.

I hereby give permission to a doctor or hospital with proper credentials to give emergency medical treatment to the person(s) named on this form.

Parent/Guardian Signature _____ Date _____