

FIRST BAPTIST CHURCH

MEDICAL HISTORY AND LIABILITY RELEASE

Student's Name: _____ Birthdate: ___ / ___ / ___ Age: _____ Grade: _____

Address: _____ City, St., Zip: _____

Home Phone: _____ Student's Cell: _____

Parent / Guardian Name: _____

Email: _____

List all health problems or limitations: _____

_____ Date last tetanus injection: ___ / ___ / ___

List medications the student is taking: _____

List any allergies (food, medications, etc.): _____

Medical Insurance Co.: _____ Policy #: _____

If group policy, name of employer and insured: _____

Physician's name and phone #: _____

EMERGENCY PHONE NUMBERS IF PARENTS CANNOT BE REACHED AT HOME:

Parent's work #: _____ Cell #: _____

Relatives or friends to call (names and numbers): _____

I give my permission to the staff and sponsors of First Baptist Church to authorize medical personnel to administer any necessary treatment in the event of an emergency. I also release First Baptist Church, its staff, and its sponsors, from any legal liability. I also promise to take responsibility for any medical cost incurred. I give my permission for my child to be transported in church sponsored vehicles, and to participate in any and all activities associated with the church.

Parent / Guardian Signature: _____

Date: ___ / ___ / ___

A COPY OF THIS AUTHORIZATION SHALL HAVE THE SAME FORCE AND EFFECT AS THE ORIGINAL

Thank you for taking the time to help us insure a safe and enjoyable outing for your student