2009 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:_____

Certificate Number:_____

Name of Insured:_____

All Immunizations Current: Yes or No Date of last Tetanus Immunization: _____

Name of Physician(s):_____

Phone Number:_____

_Allergies, Medical Conditions and Medications

List known allergies or medical conditions 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: _____