

MEDICAL AND TRAVEL PERMISSION AND RELEASE FORM
First Baptist Church Saint Francisville, LA
Student Ministry

Name _____ Age: _____

Address _____ Phone: _____

In case of emergency contact: _____

Family Physician _____ Family Insurance Co. _____

Policy Number _____ Claims Phone Number _____

Immunizations: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Medical History: _____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble
_____ Diabetes _____ Dizziness _____ Stomach Upset _____ Hayfever _____ Other

Allergies: (Food/Drugs)

Previous operations: _____

Any current medications: _____

Special Diet: _____

PERMISSION FOR TREATMENT AND TRANSPORTATION

My permission is granted for the First Baptist Church Staff in charge to obtain necessary medical attention in case of sickness or injury to my child. I also grant permission for my child to be transported to and from the activities of any FBC St. Francisville sponsored event. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, host, and the First Baptist Church from any and all claims, demands, actions or cause of action, past, present or future arising out of any damage or injury while participating in any FBC St. Francisville sponsored activity.

Signature of Parent or Guardian: _____ Date: _____

Printed name of parent: _____

On this _____ Day of _____, 20____, the above parent or guardian appeared before me executed the foregoing permission and release form.

Public Notary

My Commission Expires