

FIRST BAPTIST CHURCH
2897 GREEN STREET
MARIANNA, FLORIDA 32446

MEDICAL RELEASE AND PERMISSION TO TREAT FORM
(A copy of the front and back of the appropriate Insurance card(s) must be attached to this form).

Last Name First Middle Sex (M/F) Date of birth Social Security Number

Street Address City State Zip

*****IN CASE OF EMERGENCY, NOTIFY ONE OF THE FOLLOWING, IN THE ORDER LISTED*****

1. _____
Name Relationship Work Phone Home Phone Cell Phone
2. _____
Name Relationship Work Phone Home Phone Cell Phone

Parent/Guardian Information:

1. _____
Name Relationship Work Phone Home Phone Cell Phone

Street City State Zip
2. _____
Name Relationship Work Phone Home Phone Cell Phone

Street City State Zip

Please supply ALL of the following information AND attach a copy of your insurance card.

Medical Insurance Company _____ Group # _____ Policy # _____

Company Address _____ Phone # _____

City _____ State _____ Zip _____

Family Physician _____
Name Office Phone No.

Address

Other Physician _____
Name Office Phone No.

Address

Physical Limitations (Allergies, asthma, diabetes, drug allergies, rare blood type, wears contact lens, and/or special instructions:

List all surgeries/serious injuries within the past five (5) years: _____

PLEASE CONTINUE ON THE REVERSE SIDE OF THIS FORM

Emergency Authorization—Medical Power of Attorney and Release

I, _____, hereby acknowledge and state that the Health History on the reverse side of this form is correct so far as I know, and that the person herein described has permission to engage in all prescribed activities, except as noted.

I further state under oath that I am the parent or guardian of _____ ("my child"), and unless I otherwise state in writing, I hereby give permission for my child to participate in events and activities conducted, sponsored, organized and/or participated in, by First Baptist Church of Marianna. As an integral part of such permission, I recognize that the First Baptist Church of Marianna is a nonprofit organization whose purpose is the share the Gospel of Jesus Christ and is not in the business of providing entertainment events and activities for children and youth.

In the event my child is injured or becomes ill during a First Baptist Church of Marianna event or activity, I understand that every effort will be made to contact a parent or guardian in the order listed on the reverse side of this form. In the event that contact with a parent or guardian cannot be made in a timely manner, I authorize the accompanying staff or chaperone of First Baptist Church to release all known and available medical information to the treating medical facility or doctor. I further give permission to medical personnel selected by First Baptist Church staff accompanying my child, or their designee to order x-rays, and tests, secure proper treatment and hospitalization, order injections and/or anesthesia and/or surgery for my child as may be deemed necessary.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking part in recreational and other activities related to youth functions.

(Initials _____) I authorize agents of First Baptist Church of Marianna to provide legal representation for my son or daughter in the event that any legal representation may be needed. I also agree that the above mentioned church representatives are to exercise authority regarding my child's behavior and conduct. I have explained to my child that he/she is fully under the church representative's authority during church activities when I am not present.

I verify that I have read this entire document, have had reasonable opportunity to ask questions concerning its application, understand its contents, and acknowledge that the various information provided throughout this document is accurate and complete. I further acknowledge and verify that I have full legal authority to execute this document and that there are no requirements, conditions, or obligations, legal or otherwise, which would require the consent or assent of any other person or entity. Signed this _____ day of _____, 20_____.

Unless otherwise canceled or terminated in writing, the authorizations given above shall remain in effect for one year from the above date.

Signature of Parent or Guardian

Student Signature (if over age 18)

Notary Public

State of Florida
County of Jackson

The foregoing instrument was acknowledge before me this _____
(date)

by _____, who is personally known to me or who has produced _____
(Name of Person acknowledging)

_____ as identification and who did (did not) take an oath.
(Type of Identification)

Notary Public

(Name of Notary, typed, printed or stamped)

Commission No. _____

(Seal Above)