

# *FBC Student Ministry 2019*

## *Medical Release Form*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Name of Insured \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Known allergies \_\_\_\_\_

Medications \_\_\_\_\_

Special Instructions \_\_\_\_\_

In the event that a parent or guardian cannot be reached... I, \_\_\_\_\_,  
(Parent or Guardian – Please Print Name)

give my permission for an authorized agent of **First Baptist Church Mulvane** permission to seek emergency medical care for my minor child listed above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date