

FBC Student Ministry 2026

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