

MEDICAL RELEASE FORM/PERMISSION FORM

My permission is granted for First Baptist Church staff member or sponsor on all children's & youth group events and activities for the **2019** calendar year to acquire emergency help, hospitalization, X-ray examination, setting of minor bones or minor surgery or dental diagnosis in case of sickness or injury under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital for _____

Person's full name

My permission is also granted for my son/daughter to travel with First Baptist Church during the **2019** calendar year. He/she is allowed to ride with chaperones chosen by First Baptist Church.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child/student pursuant to this authorization.

Parents Name: _____
(or legal guardian)

Hospitalization/Insurance Co. Name: _____

Hospitalization/Insurance Co. Number: _____

Home Phone: _____ **Work:** _____

Name of Parent at this number: _____

***Other Person(s) to call in case above cannot be reached:**

Name: _____ **Relation:** _____

Phone: _____

List any and all medical allergies: _____

List any current health problems and medications: _____

Date of last Tetanus Injection: _____

***Parents – Please fill out all of the above information. Should an emergency arise, this will save time for all concerned in seeing that your child's needs are met.**

Signed – Parent/Guardian

Date

On this the _____ day of _____, 2018 personally known by me and in my presence, executed the within and foregoing medical/permission/release form. Witness my hand & official seal.

My commission expires: _____

NOTARY PUBLIC