

EMERGENCY INFORMATION AND MEDICAL RELEASE FORM

Child's Name: _____ Birthdate: ____/____/____
 Address: _____
 City: _____ Zip: _____
 Grade: _____
 Cell Phone #: (____) _____ - _____ (For receiving text messages)
 Email : _____ (That's checked regularly)
 Allergies: _____
 Medications : _____

CONTACT INFORMATION:

Father / Guardian: _____ Cell # (____) _____ - _____
 Employer: _____ Work # (____) _____ - _____
 Email: _____
Mother / Guardian: _____ Cell # (____) _____ - _____
 Employer: _____ Work # (____) _____ - _____
 Email: _____

OTHER PERSONS TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relation: _____
 Address: _____ Phone: (____) _____ - _____
 Name: _____ Relation: _____
 Address: _____ Phone: (____) _____ - _____

CONSENT & MEDICAL RELEASE FOR CHURCH ACTIVITIES:

I understand that my child will participate in various activities, both at the church and away from the church campus. I understand that transportation for these outings is provided by First Baptist Church leaders and volunteers. I give permission for my child to participate in these activities. In the case of an emergency, I authorize said adult leader (person must be 21 years of age) to act as my agent and to follow the procedure as listed below:

Time & situation permitting to make reasonable attempts to contact myself or our named agents. When I or my agents cannot be contacted, the adult leader is to act in our behalf. Time & situation permitting, to contact the following medical doctor and / or to seek appropriate medical care.

Dentist: _____ Phone: (____) _____ - _____
 Doctor: _____ Phone: (____) _____ - _____
 Insurance Carrier: _____ Phone: (____) _____ - _____
 Policy Number: _____ Group Number: _____

I authorize the adult leader to consent for any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care which is recommended by any licensed physician or surgeon for my child. I understand that incomplete information above could delay my child from receiving needed medical attention. _____ (initial)

Signature of Parent(s) or Guardian(s):

_____ Date ____/____/____
 _____ Date ____/____/____