

**First Baptist Church of Philadelphia, Mississippi
Medical Release Form**

(THIS FORM MUST BE NOTARIZED FOR LEGAL PURPOSES)

Please copy both sides of your INSURANCE CARD and attach to this form.

Name _____ Age _____
(Last) (First) (Middle)
Address _____ City _____ State _____ Zip _____
Date of Birth ____/____/____ Male ____ Female ____
Name of Parent or Guardian _____
Home phone (____) _____ Parents' work phone: Mother (____) _____
Cell phone (____) _____ Father (____) _____

Please give the names and phone numbers of friends or relatives we can contact who will know how to reach parents or guardians in the event of an emergency.

Name _____ Relationship _____ Phone (____) _____
Name _____ Relationship _____ Phone (____) _____

MEDICAL INFORMATION

Doctor's name _____ Phone (____) _____
Insurance company _____
Policy number _____ Group number _____
List any known food/drug allergies _____

List any medications taken regularly (include dosages and times) _____

Swimming:
My child is a.....Non-swimmer ____ Fair swimmer ____ Good swimmer ____

Any other special instructions regarding your child _____

PARENT/GUARDIAN PERMISSION

I hereby give my permission for _____ to take part in trips, outings, activities, or camps
(*child's name*)
sponsored by First Baptist Church of Philadelphia, Mississippi. I further give my permission for the designated/approved church representative to secure any needed medical treatment for the above named child. I authorize and release First Baptist Church representatives to speak to any physician on behalf of my child as they deem necessary. I release First Baptist Church representatives, chaperones, and/or sponsors from any and all liability for any accident or injury that may occur on these trips or activities.

I further understand and agree that, in the event that the above named child is involved in any dangerous, illegal, or immoral activities while on trips or activities, that I will come and pick up my child or pay his or her expenses to be sent home *immediately* at the discretion of the approved church representatives.

I have supplied, understood, and agree to all the information contained on the Medical Release Form.

Parent/Guardian Signature

THIS MEDICAL RELEASE FORM IS VALID FOR ONE YEAR ONLY

NOTARY

Signature _____
Signed before me this _____ day of _____, 20 ____
My commission expires _____