



# MEDICAL RELEASE FORM

January – December \_\_\_\_\_



While my child is in the supervision of First Baptist Church, any of its teachers or leaders, we authorize him/her to receive first aid and other emergency care.

If it should become necessary for my child to receive professional medical, surgical, or dental treatment, we authorize the responsible First Baptist Church teacher or leader to give the necessary “parental consent” in our stead for a licensed physician, surgeon, or dentist to administer any medical, surgical, or dental treatment he/they deem(s) necessary, including hospitalization and surgery. We understand that every effort will be made to contact us immediately upon the discovery of the emergency. We further understand that we will take full financial responsibility for all expenses that might be incurred that are not covered by our insurance provider and/or First Baptist Church.

This consent is given in advance of any specific diagnosis or treatment being required, and is given primarily to encourage those teachers or leaders who have temporary custody of our son/daughter, and the said physician, surgeon, or dentist to exercise his/their best judgment in situations deemed an emergency as to the requirements of such diagnosis or medical, surgical, or dental treatment.

Child’s Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent’s Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name & Phone No. of Insurance Co. \_\_\_\_\_

Address of Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_ Certificate or I.D. \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

List Allergies \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

List medications being taken \_\_\_\_\_

Family Physician \_\_\_\_\_ Business Phone \_\_\_\_\_

### *Other Persons to Notify in Emergency:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_