Children & Youth Ministries
Medical Release Form (2016)

Name of Attendee _____ Date of Birth_____

Address_____City/State_____Zip_____

Phone (_____)_____Sex_____

Parent/Guardian _____Relationship_____

Address (if different from attendee)_____

Phone (_____)_____ Alternate Phone (_____)_____

Alternate Emergency Contact Person:

Parent/Guardian _____Relationship_____

Address (if different from attendee) _____

Phone (_____)_____ Alternate Phone (_____)_____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness while your student is at the activity. Do you have health insurance? ☐ Yes ☐ No

Insurance Information *(if you attach copies of the front and back of your insurance card it will not be necessary to fill out this section)*

Insurance company name _____Group # _____

Insured's Name _____ ID # _____

Family Doctor _____ City/Town _____

Phone Number (_____)_____

If your student should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the Children & Youth Ministry activity. (see back)

Medical Information *(please write in N/A or NONE if it does not apply to your child)*

Date of last Tetnus shot :mo____yr_____ **Allergies to medications** _____

Allergies to foods or environment _____

_____

Significant Medical History (i.e.: diabetes, asthma) _____

_____

Is your child on any medications? *Please include the prescriptions, medications and administration times and instructions so that our staff may administer medications safely.*_____

_____

Contact Lenses/Glasses?_____

Any activity restrictions? (swimming, hiking, biking, boating, etc.)_____

_____

Tylenol: Y / N   Ibuprofen: Y / N   Antihistamines: Y / N

I hereby give permission for First Baptist Church leaders to administer first aid and, if needed, administer the above over-the-counter medications to my child while participating in Children & Youth Ministry activities during the year 2016.

I also consent to any treatment deemed necessary by First Baptist Church leaders in the event of an emergency. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered should medical treatment be sought for my child.

Parent/Guardian_____ **Date** _____

Special Notes: