

Medical/Release Form

First Baptist Church
PO Box 635
Greenwood, AR 72936
479-996-2166

Both sides of this form must be completed.

Name _____ Age _____ Sex _____

Social Security Number _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Emergency Contact other than Parent/Guardian _____

Home Phone _____ Work Phone _____

The undersigned as parent or guardian of the person listed above, hereby authorizes any staff members and/or adult sponsor who may be supervising or directing any activity sponsored by the First Baptist Church, Greenwood, Arkansas, to authorize emergency medical treatment for the person listed above while this person is participating in any trip, excursion, or activity sponsored by the First Baptist Church of Greenwood, Arkansas.

Furthermore, I release the First Baptist Church, its staff, employees, and sponsors from any liability for personal injury, damage or loss that the above named person may sustain even if such personal injury or other loss is caused by the ordinary negligence of the First Baptist Church, its employees, staff members or designated sponsors.

I agree to allow the staff and sponsors selected by the First Baptist Church to discipline my child during any activities if, in the sole judgment of such staff sponsor or other designated sponsor, such discipline is necessary. I have explained to my child the attitude and actions expected during such activities. If any staff sponsor or other designated sponsor deems it necessary for my child to return from any trip due to illness, injury, or misconduct, I agree to be responsible for all costs associated with such a return trip.

Parent/Guardian Name _____

Parents/Guardian Phone: Home _____ Work _____

Signature of Parent/Guardian _____ Date _____

Insurance Information

This information will be requested by the physician and medical facility in the event of an emergency. Please help us by making sure you give complete and correct information. This Medical/Release Form will be kept on file at the church office. If any of the information you have provided should change, please complete a new form and return it to the church office.

Parent/Guardian Name _____

Social Security Number of Insurance Policy Holder _____

Policy Carried under what name _____

Parent/Guardian Occupation _____

Company Name _____

Company Address(city, state, zip) _____

Insurance Company Name _____

Insurance Company Address(city, state, zip) _____

Insurance Company Phone _____

Policy Number _____ Group Number _____

Please explain any medical problems _____

Please list any medication and why it is taken:

Please list any medication that would cause allergic reaction:

Date of last tetanus shot _____