

**First Baptist Children's Ministry Medical Release Form** 3309 James L Redman Pkwy. Plant City FL 33566

**Event / Function: Any event that would be in conjunction with Plant City's First Baptist Church.**

**Date Release is current: August 1st, 2019 through September 1st, 2020**

Student's Name: (Last, First, MI) \_\_\_\_\_

Birth-date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's / Guardian's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**In the event a Parent / Guardian cannot be notified, contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical Information**

**General Health Conditions:**

Heart: \_\_\_\_\_ Asthma: \_\_\_\_\_ Eyes: \_\_\_\_\_ Nosebleed: \_\_\_\_\_

Ears: \_\_\_\_\_ Skin rashes: \_\_\_\_\_ Throat: \_\_\_\_\_ Emotional: \_\_\_\_\_

**Allergies:**

Food: \_\_\_\_\_ Penicillin: \_\_\_\_\_ Other: \_\_\_\_\_

**Is your child able to participate in All Recreational Activities?** \_\_\_\_\_

**Medicine Taking:** \_\_\_\_\_

**Permission to Administer: Tylenol? Y N Ibuprofen? Y N**

**Medical Insurance Company: (name / address)** \_\_\_\_\_

**\*PLEASE ATTACH COPY OF INSURANCE CARD TO THIS FORM\***

Policy# \_\_\_\_\_ Group# \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Physician's Name; \_\_\_\_\_ Phone: \_\_\_\_\_ City/State \_\_\_\_\_

**Medical Emergency Authorization Agreement**

\_\_\_\_\_  
*(student's name)* has my permission to engage in prescribed activities, except noted by me. In the event of an emergency, where I cannot be reached and medical treatment is required; I hereby give my permission to the physician selected by First Baptist Church Children's Ministry staff volunteers to obtain the services such as to order injection, surgery, or any other medical treatment deemed necessary to ensure the well-being of the above named, due to sickness or accident while attending any activity in conjunction with First Baptist Church of Plant City Children's Ministries; including reroute to and from First Baptist Church of Plant City Children's Ministries destination. I also authorize an adult sponsor to transport my child at their discretion in case of an emergency.

**Reminder, Please sign IN THE PRESENCE OF A NOTARY!!!**

Signed Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature (if 18 years or older): \_\_\_\_\_ Date: \_\_\_\_\_

Notarized by: \_\_\_\_\_ Date: \_\_\_\_\_