

MEDICAL PERMISSION AND RELEASE FORM

Child's Name _____ Age _____

Address _____ Zip _____

Parent(s)/Guardian(s) Name: _____

Cell # _____ Home # _____ Work# _____

Additional Emergency Contact:

Name _____ Phone # _____

Relationship to Child _____

Family Insurance Co. _____ Policy# _____

My permission is granted to First Baptist Church staff members or sponsors in charge of the _____ (name of event) on _____ (date) to obtain necessary medical attention in case of sickness or injury for _____ (name).

I/We, the undersigned, do hereby release, remise, and forever discharge all sponsors and First Baptist Church of Cedar Hill, Texas, from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in the event or while being transported to and from the event.

Dated this _____ day of _____, 20____.

Printed Parent/Guardian Name: _____

Signature of Parent/Guardian: _____

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble _____

Dizziness _____ Stomach Upset _____ Hay Fever _____ Other _____

Allergies to any medications _____

Allergies _____ Current Medication _____

Other information deemed necessary _____