

_____,
STUDENT'S LAST NAME (PLEASE PRINT)

STUDENT'S FIRST NAME (PLEASE PRINT)

MEDICAL RELEASE FORM AND MEDICAL INFORMATION

-MEDICAL RELEASE-

I, _____, AUTHORIZE THAT THE STAFF AND/OR ADULT VOLUNTEERS OF THE FIRST BAPTIST CHURCH MAY SEEK OR PROVIDE MEDICAL ASSISTANCE FOR _____, IN THE CASE OF AN EMERGENCY DURING ANY REGULARLY SPONSORED YOUTH EVENT OR ACTIVITY FROM **JANUARY 1, 2012 - DECEMBER 31, 2012.**

SIGNATURE: _____
(PARENT/GUARDIAN)

-MEDICAL INFORMATION-

NAME OF STUDENT: _____
DATE OF BIRTH: _____
PERSONAL DOCTOR: _____
PERSONAL DOCTOR PHONE: _____
MEDICAL INSURANCE COMPANY: _____
MEDICAL INSURANCE POLICY #: _____

PARENT/GUARDIAN CONTACT INFORMATION

NAME: _____
HOME PHONE: _____
WORK PHONE: _____
CELL PHONE: _____

OTHER EMERGENCY CONTACT:

NAME: _____
HOME PHONE: _____
WORK PHONE: _____
CELL PHONE: _____

-MEDICAL HISTORY-

ALLERGIES TO FOOD:

ALLERGIES TO MEDICATION:

CURRENT MEDICATIONS (INCLUDE VITAMINS, HERBS, AND "AS NEEDED" MEDICATIONS):

(ALL MEDICATIONS BROUGHT MUST BE LABELED WITH THE DRUG NAME, STUDENT'S NAME, DOSE SIZE, AND FREQUENCY OF USE.)