

Children/Youth Medical Authorization and Release Form

Child's Name _____ Age _____ Grade _____

Date of Birth _____ School _____ Male Female (circle one)

Parent's Names: _____ Home Phone: _____

Work Phone: (dad's) _____

Address: _____ (mom's) _____

City _____ State _____ Zip _____ Cell #: (dad's) _____

(mom's) _____

Email: (dad's) _____

(mom's) _____

Family Insurance Company: _____

Group _____ Policy _____

Allergies: Food _____

Medicine _____

Current medications _____

Other relevant medical history _____

Are you a member of FBC? _____ If no, where do you attend? _____

MEDICAL AUTHORIZATION

My permission is granted for First Baptist Church staff to obtain and/or authorize medical attention for myself/my child in case of sickness or injury and to do all things for and in my/our name with full authority to sign all papers or documents.

RELEASE

I/we, undersigned, do hereby release, remiss and forever discharge First Baptist Church, Easley, and its staff and sponsors for any and all claims, demands, actions or cause of action, past, present or future arising from any damage or injury while participating in

_____ **all children/youth events** _____

during the church year of _____ **August 2009 – August 2010** _____

The undersigned further states that this release and authorization has been carefully read by the undersigned.

Signed: _____ Date: _____

(do not sign except in presence of Notary)