

NOTARIZED MEDICAL RELEASE FORM

FIRST BAPTIST CHURCH

106 Bluegrass Commons Blvd., Hendersonville, TN 37075 824-6154

NAME _____
Home Address _____ City _____ State _____ ZIP _____
Date of Birth _____ Place of Birth _____ Current Grade _____ Sex _____ Male _____ Female _____
Home Phone Number _____ Cell Phone Number (Dad) _____ (Mom) _____
Place of Business (Dad) _____ Phone # _____ (Mom) _____ Phone # _____
Parents or Guardian's Name _____ Doctor's Phone _____
Insurance Company _____ Policy # _____ Group # _____

In the event of an emergency, give the name and phone # of friends or relatives we can contact who will know how to reach the parents or guardian.

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

List known food/drug or other allergies: _____

IMMUNIZATIONS: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps _____

List medications taken regularly _____

Previous operations, surgeries, or serious illnesses (list year) _____

SWIMMING: My child is _____ non-swimmer _____ fair swimmer _____ good swimmer
Any other special instructions regarding youth _____

PARENT/GUARDIAN PERMISSION

I hereby give my permission for _____ to take part in various sponsored trips, outings, camps, and events of First Baptist Church of Hendersonville, Tennessee. I further give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for the above named son/daughter. I release the church representative or sponsors from liability for accident of injuries on these trips or activities.

I further understand and agree that in the event that the above named son/daughter is involved in any non-Christian or dangerous activities, will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.

I have supplied, understood, and agree to all the information contained on the Medical Release Form.

Parent/Guardian Signature _____

Signed before me this _____ day of _____ year _____.

Notary _____ My commission expires: _____

**THIS MEDICAL RELEASE IS VALID FOR THE CURRENT
CALENDAR YEAR IN WHICH IT IS SIGNED**