

\*\*\*\*\*Two page document must be notarized\*\*\*\*\*

FIRST BAPTIST CHURCH-Sanford, NC  
ADULT and YOUTH  
Permission and Medical Release Form

**Program Participant**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Middle First month/day/year

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street City State Zip Area Code Number

Student's email \_\_\_\_\_

Is it ok to text the student during non-school hours? \_\_\_\_\_ yes \_\_\_\_\_ no

**Parent/Guardian Name** \_\_\_\_\_  
Last Middle First

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
(If different) Street City State Zip Area Code Number Area Code Number

Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Area Code Number

*Contact in case of emergency: (when parent or guardian cannot be reached)*

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Area Code Number Area Code Number Area Code Number

**Medical Information**

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
Area Code Number

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
(Attach a copy of both front and back of insurance card)

Allergies \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Immunizations: \_\_\_ Tetanus \_\_\_ Polio Booster \_\_\_ Measles \_\_\_ Mumps \_\_\_ Other

**Past Medical History: (Check giving appropriate information)**

Asthma \_\_\_ Sinusitis \_\_\_ Bronchitis \_\_\_ Kidney Trouble \_\_\_ Heart Trouble  
\_\_\_ Diabetes \_\_\_ Dizziness \_\_\_ Stomach Trouble \_\_\_ Hay Fever \_\_\_

Previous operations or serious illnesses: \_\_\_\_\_

Special Diet?: explain \_\_\_\_\_

Childhood diseases: \_\_\_Chickenpox \_\_\_Measles \_\_\_ Mumps \_\_\_ Whooping Cough \_\_\_Other

**Permission for Treatment**

*My permission is granted for the minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury to \_\_\_\_\_.*

**Copy of Medical Insurance card(s) are attached \_\_\_\_\_ (initials)**

**Current medication listings are attached to this form \_\_\_\_\_ (initials)**

I do hereby certify that my child, \_\_\_\_\_, has permission to participate:

In church newsletter, television, or newspaper photographs \_\_\_\_\_yes \_\_\_\_\_no

In photographs on the church website (student’s name would not be used) \_\_\_\_\_yes \_\_\_\_\_no

I understand that it is the expectation of First Baptist Church that my child will remain for the duration of the scheduled event unless they, or their parents, notify the adult leadership of the event.

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with First Baptist Church, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

I understand that First Baptist Church does not carry accident or medical insurance on participation volunteers. I agree that my insurance company will be used for such medical care expenses. I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance and that I am responsible for the payment of any medical bills.

***Please sign below in the presence of a Notary Public.***

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

Personally appeared before me, \_\_\_\_\_, A Notary Public of \_\_\_\_\_  
County in the State of \_\_\_\_\_.  
The persons whose signatures appear above and with whom I am personally acquainted and acknowledge that he/she executed the within instrument for the purposes therein contained.  
  
Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
  
\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_