

First Baptist Church of Philadelphia, Mississippi  
Medical Release Form

**(THIS FORM MUST BE NOTARIZED FOR LEGAL PURPOSES)**

**Please copy both sides of your INSURANCE CARD and attach to this form.**

Name \_\_\_\_\_ Age \_\_\_\_\_  
(Last) (First) (Middle)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
Name of Parent or Guardian \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Parents' work phone: Mother (\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_) \_\_\_\_\_ Father (\_\_\_\_) \_\_\_\_\_

Please give the names and phone numbers of friends or relatives we can contact who will know how to reach parents or guardians in the event of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor's name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Insurance company \_\_\_\_\_  
Policy number \_\_\_\_\_ Group number \_\_\_\_\_  
List any known food/drug allergies \_\_\_\_\_

List any medications taken regularly (include dosages and times) \_\_\_\_\_  
\_\_\_\_\_

Swimming:  
My child is a.....Non-swimmer \_\_\_\_ Fair swimmer \_\_\_\_ Good swimmer \_\_\_\_

Any other special instructions regarding your child \_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN PERMISSION**

I hereby give my permission for \_\_\_\_\_ to take part in trips, outings, activities, or camps  
(child's name)

sponsored by First Baptist Church of Philadelphia, Mississippi. I further give my permission for the designated/approved church representative to secure any needed medical treatment for the above named child. I authorize and release First Baptist Church representatives to speak to any physician on behalf of my child as they deem necessary. I release First Baptist Church representatives, chaperones, and/or sponsors from any and all liability for any accident or injury that may occur on these trips or activities.

I further understand and agree that, in the event that the above named child is involved in any dangerous, illegal, or immoral activities while on trips or activities, that I will come and pick up my child or pay his or her expenses to be sent home *immediately* at the discretion of the approved church representatives.

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

\_\_\_\_\_  
Parent/Guardian Signature

**THIS MEDICAL RELEASASE FORM IS VALID FOR ONE YEAR ONLY**

**NOTARY**

Signature \_\_\_\_\_  
Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_  
My commission expires \_\_\_\_\_