



Medical Release Form—2024

Valid from January 1-December 31, 2024

All information must be provided and form completed and notarized. Please print clearly.

Student/Chaperone Information:

Last Name _____ First Name _____ Date of Birth _____
Address _____ E-Mail _____
City _____ State _____ Zip _____ Home Phone _____
Sex: Male Female Grade _____ School _____ Your Cell # _____

Parent/Guardian (or Spouse) Information:

Name(s) _____
Father (spouse) Work # _____ Mother's Work # _____
Father (spouse) Cell # _____ Mother's Cell # _____
Person to contact in the case of an emergency _____ Relationship _____
Phone #(s) _____

Insurance Information:

Do you have medical insurance? Yes No

Current copy of the insurance card (front & back) MUST be attached. If insurance changes, you must submit a new copy.

Doctor _____ City _____ Phone _____

If this student should require medical attention for injuries received or illnesses contracted prior to an event or activity, please provide us with the necessary information to give him or her proper medical care during his/her participation with the student ministry.

Health History:

Please list any pre-existing or present medical conditions: _____

Names & dosage of current prescription medications: _____

Allergies/Severe Reactions (please check & list below): Drugs Food Other

Activity/Dietary Restrictions: _____

My child may be given the following medications as needed: Tylenol Ibuprofen Imodium
Mylanta Pepto Bismol Benadryl Cream

★ Parent/Guardian Signature _____ Date _____

Student/Chaperone Information:

The above stated student has permission to travel with First Baptist Church, Columbia, TN, or attend all Student Activities from January 1-December 31, 2024. While I understand that the Church will take all reasonable steps to provide individual care and safety to my student, I am aware that the Church or their employees or agents cannot assume any responsibility for injury, damage, or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my student to participate, I agree that full responsibility will remain with me as parent or guardian of my student. Should any claim be asserted by any person as the result of the acts of my students while participating in the course of activities provided by the Church, or traveling to or from such activity, or should my student assert any claim against the Church or its employees or agents, I agree to indemnify and hold the Church harmless from any liability including attorney fees and costs incurred by the Church in defense thereof. I further authorize medical treatment of my student in the event of illness or injury sustained in my absence while my student participates in the course of activities provided by the Church.

★ _____
Signature of Parent/Guardian

Date

Notary Public

My Commission Expires