



MEDICAL RELEASE FORM - CHILDREN'S MINISTRY
FIRST BAPTIST CHURCH
1333 W. UNIVERSITY AVE
GEORGETOWN, TEXAS 78628
(512) 869-2586

Name of Child _____ Age/Grade _____

Mother's Name _____ Father's Name _____

Address _____

Phone # _____ Emergency # _____

Medical Insurance Co. _____

Insured SSN#: _____

Allergies/Medications _____

Church Attending _____

Physician's Name _____ Phone# _____

I, _____, the parent/guardian of _____ a minor,
hereby give my permission for _____ to attend the
First Baptist Church Children's Activities.

In the event there arises an emergency, necessitating medical, surgical attention, I hereby consent and give my permission to FIRST BAPTIST CHURCH, its representatives, or the sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor or which may in their sole discretion be necessary and proper under the circumstances.

I, the undersigned parent/guardian of _____, a minor,
do release, acquit, discharge, and covenant to hold harmless FIRST BAPTIST CHURCH or its representatives, or the sponsors, or any attending physician, for any and all actions, causes of action, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility or treatment provided during the attendance of this trip.

Signature of Parent/Guardian: _____
(to be signed in the presence of a notary)

Signed before me this _____ day of _____, 200__.

My Commission Expires: _____
Notary Public