

First Baptist Church
Hico, Texas

Medical Release Form

EVENT: _____

Name: _____ Age _____

Address: _____

Home Phone _____ Father Cell _____

Mother Cell _____

Patent/Guardian: _____

Medical Ins.? Y/N _____

Medical Insurance Co.: _____ Group # _____ Policy # _____

Name of Policy Holder: _____

Family Physician's Name: _____ Phone: () _____

Physical Limitations (Asthma, diabetes, allergies, etc.) and/or special instructions:
(Allergic to certain meds, rare blood type, wears contact lenses, etc.):

I, _____, being a parent or guardian of _____

a student (minor), do hereby consent to his/her participation in _____.

For Parent or Guardian:

I agree that the adults in charge have my permission to solicit medical care in the best medical interest of my child. In case of accidents, I hereby release **First Baptist Church, their members, and/or their leadership from all liabilities in such case an accident should occur.**

Dated _____ Signature of parent of guardian _____