



FRIENDSHIP BAPTIST CHURCH **2008 MEDICAL RELEASE FORM**

Child's Name _____ Date of Birth ___/___/___ Age _____

Address _____ City, State, ZIP _____

Home Phone Number (____) _____ Email _____

Father's / Guardian Name _____

Father's Work Phone (____) _____ Cell Phone (____) _____

Mother's / Guardian Name _____

Mother's Work Phone (____) _____ Cell Phone (____) _____

If parent / guardian is not available, please provide the name, relationship, and phone number of a relative or friend we may contact in case of emergency.

Name _____ Relationship _____ Phone # (____) _____

Name _____ Relationship _____ Phone # (____) _____

Insurance Company _____ Policy Number _____

Physician's Name _____ Physician's Phone (____) _____

(Please attach photocopy of front and back of insurance card)

Please list any food/drug allergies: _____

Please check any past or present medical conditions:

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergies (Please specify _____) | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy or other nervous disorders | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Kidney or bladder dysfunction | <input type="checkbox"/> Liver Condition | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Other medical conditions or surgeries affecting medical treatment _____ | | |

Medicines taken regularly (prescriptions and over the counter):

Please share any other information activity leader need to know about your child

I hereby give permission for (your child's name) _____ to participate in the activities being provided by the student ministries department of Friendship Baptist Church, 1322 Feagin Mill Road, Warner Robins, Georgia 31088. I also give permission for my child to be transported in vehicles driven by Church approved drivers used in conjunction with these activities.

In the event of a medical emergency, I will be notified as soon as possible and give permission for the designated/approved church leader to secure needed medical transportation and treatment for the above named child. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and medical facility/hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, hospital care or treatment. I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I indemnify, hold harmless and release the church, its staff and members, paid and volunteer, and its designated/approved leaders from liability from accidents and injuries sustained on all activities provided by Friendship Baptist Church, 1322 Feagin Mill Road, Warner Robins, Georgia 31088.

I further agree and understand if my child continually rebels against the rules and discipline set forth by the designated/approved church leaders, I may receive a phone call notifying me of my child's immediate return at my expense.

Parent/Legal Guardian Signature _____ Date ____/____/____

The information in this document will be valid and accepted by the leadership of Friendship Baptist Church for all activities for the calendar year of 2008. Any changes should be made available to the FBC leadership in writing at the earliest available moment.