

STUDENT MEDICAL RELEASE FORM

First Baptist Church
500 N. Palafox St.
Pensacola, FL 32501

STUDENT NAME: _____

ADDRESS: _____

(Street

(City)

(State)

(Zip)

HOME PHONE: _____ SOCIAL SECURITY #: _____ - _____ - _____

BIRTHDATE: _____ / _____ / _____
(Mo.) (day) (year)

MEDICAL INFORMATION

STUDENT'S PHYSICIAN: _____

PHYSICIAN'S PHONE NUMBER: _____

NAME OF INSURANCE CO.: _____

POLICY NO. # _____

DATE OF LAST TETANUS SHOT: _____

List allergies and medications (and dosage) your child has or is taking; or any other medical information that the doctor should be aware of:

FATHER'S NAME: _____ Home # _____
Work # _____
Cell# _____

HOME ADDRESS (If different from above): _____

MOTHER'S NAME: _____ Home # _____
Work # _____
Cell # _____

HOME ADDRESS (If different from above): _____

I, the undersigned, do hereby release and forever discharge First Baptist Church Pensacola and sponsors from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury to my child whose name is listed above.

My permission is granted to the FBC staff member or FBC sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child.

Parent/Guardian Signature: _____

