

FIRST BAPTIST MUSTANG 928 KIDS 2025 MEDICAL RELEASE FORM



Please PRINT:

Child's Name _____ Date of Birth: _____ Grade: _____
Month / Day / Year

Address _____ City, State, Zip _____

Contact Information

Father's Name _____ Father's Cell _____ Text: Yes No

Mother's Name _____ Mother's Cell _____ Text: Yes No

Parent's Email: _____

Emergency Contact (Other than Parent) Name: _____ Cell _____

Other Guardian Contact- Name: _____ Cell _____

Medical Information

Allergies (Food/Medication/Environment) _____

Medical history that should be known to help us minister to your child: _____

_____ On back

Date of last Tetanus Shot _____ Primary Care Physician _____ Phone: _____

Insurance Information

Medical Insurance Company: _____ Policy # : _____

Name on Insurance Policy: _____ Relationship to minor: _____

Mailing address for Medical claims: _____

Medical Release:

As the parent and/or guardian of said member I hereby acknowledge that he/she is presently under my care, custody and control. In the event there arises any emergency, necessitating medical attention I hereby consent and give my permission to First Baptist Church Mustang, or it's representatives, or any attending physicians to make such decisions and to perform such medical treatment which may in their sole discretion be necessary and proper under the circumstances. As the parent and/or guardian of said child, I hereby do release, acquit discharge to hold harmless the First Baptist Church Mustang or it's representatives or any attending physician from any and all actions, damages, or liabilities arising out of the treatment of any sickness or accident incurred by my said child during time away while on any church activities.

Parent/Legal Guardian Signature _____ Date: _____

Printed Name: _____ Relationship to Child: _____

Photos/Videos:

I understand my child may appear in photos and videos published in print, digitally, including, but not limited to social media and church website. *Choose A or B

A. I DO GIVE PERMISSION - Signature _____

B. I DO NOT GIVE PERMISSION - Signature _____