



FIRST BAPTIST
MUSTANG
STUDENTS

2024
Medical
Release
Form

First Name _____ Last Name _____

Date of Birth _____ Address _____

City _____ State _____ Zip _____

Father's Name _____ Father's Cell _____

Mother's Name _____ Mother's Cell _____

Parent's Email _____

Emergency Contact (other than parent) _____ Cell _____

List any medications student presently takes _____

List any allergies (food, medicine, etc.) or medical conditions _____

Date of last tetanus shot _____

Medical Insurance Company _____

Name on Insurance Policy _____ Policy Number _____

Insurance Company Phone Number _____

Mailing Address for Medical Claims _____

Medical Release

I, _____, as the parent and/or guardian of said child 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 its 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 its representatives or any attending physician from any and all actions, damage 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. I grant permission for my child to appear in photos and videos published in print and digitally, including, but not limited to social media and church website.

Further, I acknowledge that if my child's behavior and conduct is deemed unacceptable by the leaders of any event, my child may be sent home at my expense.

Parent/Guardian Signature _____ Date _____

Printed Name _____ Relationship to Child _____