

# 2026 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: \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_ Primary Care Physician \_\_\_\_\_ On back  
 \_\_\_\_\_ 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 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, 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 \_\_\_\_\_