

**FIRST BAPTIST CHURCH YOUTH MEDICAL RELEASE FORM (9/2013)**

**PARENT**

I give my permission for \_\_\_\_\_ to attend First Baptist Church Youth Group activities.

I also authorize the sponsors and leaders of First Baptist Church to provide necessary Medical care for my child. This authorization includes:

- 1) permission to give emergency medical treatment in a local clinic or hospital en route to and from, Arkansas City
- 2) permission to admit my son or daughter to a local hospital and to sign needed medical releases should surgery or other treatment be required
- 3) permission to administer prescription or non-prescription medications as directed by a physician or nurse practitioner.

I understand this is a church function and expect my child to participate and abide by the rules and programs of First Baptist Church and the church sponsors.

By signing this form I have fully read and understand both the parent & youth sections.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or legal guardian for this Medical Release form.

**YOUTH**

Because this is a church function and I represent First Baptist Church, I agree to follow the directions of all leaders, to participate in all functions/worship activities and cooperate with church sponsors when asked.

If this is not possible, my parents will be notified that I am being disruptive and I will not be allowed to attend events in the future.

I have read and fully understand the above statement.

Signature: \_\_\_\_\_

**EMERGENCY INFORMATION**

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Insurance Company Name \_\_\_\_\_

Insurance Company Policy # \_\_\_\_\_

Any pertinent Medical information \_\_\_\_\_ (continue on back if needed)

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