



**Medical Release
Form
Children/Youth
Ministry**



FIRST BAPTIST
Minden

Name _____ Birth Date _____

Address _____ Phone # _____

Parent's Names _____

Father's Work Phone # _____ Mother's Work Phone # _____

Doctor's Name _____ Phone # _____

Insurance Policy 1. _____ I.D. # _____

2. _____ I.D. # _____

Emergency Contact Person Other Than Parents _____

Address _____ Phone # _____

Medication Being Taken If Any _____

Health Problems _____

Allergies _____

Any other information that would help in an emergency:

In case of the need for medical attention, your approval is needed to give First Aid or CPR only to seek proper attention. Please sign the following statement so this can be done.

I give my permission to the church staff or sponsors of First Baptist Church, Minden, LA, to administer or seek proper medical attention if needed while the above person is involved in the activities of First Baptist Church, Minden, LA. Effective from _____ through _____
(August of Sr. Year)

Signed (Parent or Guardian)

Date