

First Baptist Church of Winchester Emergency Medical Release Form

Note: No youth will be allowed to participate in a trip/event until this form is completed.

Name of Youth: _____ Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail: _____

In case parent/guardian cannot be reached, I designate these persons to act on my behalf:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Personal Medical Information:

Health Insurance Provider: _____ Policy #: _____

Primary Physician: _____ Phone #: _____

Any known allergies: _____

Regular medications: _____ Dosage: _____

Acute or chronic medical conditions: _____

Date of last Tetanus Booster: _____

I hereby give my permission for my child (named above) to participate in the First Baptist Church trip to (or event called) _____. I also hereby give my permission for any necessary medical attention to be administered to my child in the event of an accident, injury, illness, etc., until such time as I may be contacted. I hereby assume responsibility for payment for any such required treatment. In consideration of the right to participate in this program/trip/event given to my child, I hereby release and hold harmless the First Baptist Church of Winchester and any of its employees, agents, or volunteers from any and all claims, demands, or expenses resulting from any harm, injuries, or damages which may occur from participation in this program.

Signature of Parent/Guardian

Date