

FIRST BAPTIST CHURCH OF KISSIMMEE ~ 2010 EMERGENCY MEDICAL RELEASE FORM

Parental Consent Form/Responsibility Clause

Must be signed and stamped by Notary

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Parent's Address (if different from above) \_\_\_\_\_ Family Physician/Phone \_\_\_\_\_

Parents' Work Number \_\_\_\_\_ Insurance Company/Policy Holder \_\_\_\_\_

Parents' Cell Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Medications/Dosage: \_\_\_\_\_

Allergies/Allergic Reactions (Foods, Medicine, etc.): \_\_\_\_\_

Major Surgery in past year: \_\_\_\_\_

Acute or chronic medical condition: \_\_\_\_\_

Physical conditions that limit activities: \_\_\_\_\_

In case of an emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures deemed necessary to the welfare of the above named student while participating in a First Baptist Church of Kissimmee event. It is understood that First Baptist Church of Kissimmee personnel and medical personnel will make every attempt to contact parents, guardians or relatives listed above prior to taking any such actions. I understand that First Baptist Church of Kissimmee cannot assume responsibility for medical expenses incurred in case of accident. I relieve First Baptist Church of Kissimmee, its ministers and counselors from any liability with regard to my child.

***(THIS FORM MUST BE SIGNED AND STAMPED BY NOTARY.)***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary County of Residence \_\_\_\_\_ Term Expires \_\_\_\_\_

**THIS FORM EXPIRES ONE YEAR FROM DATE OF PARENTAL SIGNATURE**