



First Baptist Church
Medical Permission Form



Participants Name: _____
Initial *Last* *First* *Middle*

Birth Date: _____ Gender: _____ (M/F)

Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Work Phone/Cell/Beeper _____

Emergency Contact (Name): _____ Phone _____

Participant's Physician: _____ Phone _____

Medical Insurance Company Name: _____ Policy Number: _____

(include copy of card if available)

Brief Medical History _____

Special Medical Conditions: _____

Allergies: _____ Treatment: _____

Medications: _____ Dose and Time Taken _____

Can Participant self-administer these medications? _____

Date of Last Tetanus Shot? _____

Are there any drugs (perscription or non-perscription) that should NOT be administered? _____

Meds? _____ What

Should Participant be restricted from any type of activity? _____ What/How? _____

Any other important information (may use back) _____

Medication to be taken must be supplied in the original container.

I certify that I, _____, am the parent, legal guardian, or other person in legal control of

_____ (participant) and request and authorize the designated staff member to administer the above identified medication to the above identified participant in accordance with the perscription instructions during this event.

I also authorize the designatied staff memeber to obtain medical care for my child in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release FBC, its staff and agents from any damages, liability, or loss resulting from their securing in good faith medical care for my child.

Parent or Guardian Signature

Date