

FIRST BAPTIST CHURCH OF KISSIMMEE
2008 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