



## Children's Event Medical Release Form

### PERSONAL INFORMATION:

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ In Case of an Emergency, Contact \_\_\_\_\_

Allergies (including food): \_\_\_\_\_

Does your child have health problems that require medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain health problem, medication necessary and how it is given:

### INSURANCE INFORMATION:

Name of Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number \_\_\_\_\_

### RELEASE AFFIDAVIT:

My child, \_\_\_\_\_ (NAME), has permission to go to \_\_\_\_\_ (EVENT) in \_\_\_\_\_ (CITY, STATE) on \_\_\_\_\_ (DATE). He has permission to ride in the vehicle provided. In case of emergency, I give permission for first aid or medical attention to be administered. I will not hold First Baptist Church Colbert Heights, staff or worker responsible for any injury or accident that may occur.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

Notary \_\_\_\_\_ My commission expires \_\_\_\_\_