

Faith Baptist Church Student Ministry  
249 Holden Road, Youngsville, NC 27596

Release Form Permitting Medical Treatment of A Minor

(Please Print)

Name of Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Gender: M F (circle one) Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current E-Mail Address (parents): \_\_\_\_\_

Regular Church Home (if applicable): \_\_\_\_\_

List phone numbers where parent/guardian/close friends can be reached in case of emergency *in order of priority*...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Father's name: \_\_\_\_\_

Employment: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employment: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Guardian's name (if applicable): \_\_\_\_\_

Employment: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Student's Known Allergies (include food, medications, other): \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Current Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Medical Ins. Company: \_\_\_\_\_ Policy# \_\_\_\_\_

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

Briefly describe any **concerns** or **issues** dealing with the health of your student that could help the leadership of Faith Baptist Student Ministry to be better aware and equipped to handle the needs of your student... \_\_\_\_\_

**In Case Of Emergency** - It is the policy of Faith Baptist Church in the case of illness, accident, or any other medical emergency to make a reasonable attempt to promptly contact the parent/guardian. It is required that we have you sign the following statement.

I/WE, the undersigned parent/guardian of \_\_\_\_\_, a minor, do hereby authorize Faith Baptist Church, and its representatives, to select transportation to their chosen licensed physician who may use upon and administer to the said child while attending him/her: x-ray examination, anesthetic, medical or surgical diagnosis or treatment, order injections, or hospitalize, as in the opinion of such physician is deemed necessary or advisable.

*This form is valid for all meetings, events, and activities for the following 12 months...*

**Please DO NOT SIGN this form until in the presence of the Notary Public**

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_, county of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, the said named \_\_\_\_\_, to me known and unknown to me to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires