

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

Release Form Permitting Medical Treatment For 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. _____ 3. _____
2. _____ 4. _____

Father's name: _____

Employment: _____ Work Phone # _____

Mother's Name: _____

Employment: _____ Work Phone # _____

Guardian's name: _____

Employment: _____ Work Phone # _____

Students Known Allergies (include food, medicine, 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 parents/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..

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Guardian's 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

My Commission Expires: _____