

First Baptist Church

701 26th Avenue P.O. Box 1509 Meridian, MS 39302

MEDICAL RELEASE FORM

NAME _____ DOB _____ SSN _____

EMERGENCY CONTACT _____ # _____

EMERGENCY CONTACT _____ # _____

I do _____ do not _____ carry personal medical insurance coverage on the above named minor.

Medical Insurance Company _____ Policy # _____

Primary Physician _____ Phone _____

I do _____ do not _____ carry personal dental insurance coverage on the above named minor.

Dental Insurance Company _____ Policy # _____

Dentist _____ Phone _____

Please list any allergies, medications, or special concerns we need to be aware of regarding your child:

I, the undersigned Parent or Guardian of _____, a minor, do hereby grant an authorized leader of First Baptist Church, Meridian, MS to act as my agent to consent to such diagnostic procedures and hospital care, including x-ray, medical anesthesia, or surgery, as deemed necessary to secure and maintain the health and well-being of above named minor, so long as said treatment is deemed advisable by and is rendered under the supervision of a physician, surgeon or dentist properly qualified and licensed under the laws of the state in which he/she practices.

Also, by signing this form, I understand that my child may be photographed or videotaped during normal or event activities, and these photos/videos may be used in print and/or electronic media outlets.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge First Baptist Church, Meridian, Mississippi, from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury in connection with my child's participation with First Baptist Church. I agree to indemnify the released parties for any and all claims, demands, damages, injuries, costs, suits, or causes of action, past, present, or future, arising out of or caused by my child while participating with First Baptist Church, Meridian, Mississippi.

Parent/Guardian

Date

On this _____ day of _____ 20_____, the above signed personally appeared before me and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal on this day _____ of _____ month of 20_____.

Notary Public

My commission expires: _____