

MEDICAL RELEASE AND PERMISSION FORM
First Baptist Church of Lodi

Date: _____

Student's Name: _____

Grade: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of parents/legal guardians: _____

Cell: _____ Work: _____ Email: _____

Other Emergency Contact: _____ Phone #'s: _____

Medical Insurance Company: _____ Phone: _____

Policy #: _____ Name of Insured: _____

Primary Doctor: _____ Office Phone: _____

Please list all MEDICAL/HEALTH INFORMATION that would be helpful in the event of an emergency:

Allergies/Health Challenges (e.g. asthma, epilepsy, heart trouble, etc.): _____

List all Medications taken: _____

Last Tetanus Shot: _____ Any Restrictions? _____

I (we), the parents/guardians of the aforementioned student, do give permission for him/her to participate in activities of First Baptist Church of Lodi (FBCL). I (we) also authorize FBCL as agents for the undersigned to consent to any necessary medical attention for our child, such as x-ray examination, anesthetic, medical or surgical treatment, and hospital care, which is deemed advisable by a licensed physician/surgeon.

In the event treatment is required from a physician and/or hospital personnel designated by the Church, I (we) agree to hold such person(s) from FBCL (i.e. staff and volunteers) free and harmless of any claims, demands, or suits for damages arising from the giving of the consent. I (we) also acknowledge that I (we) will be ultimately responsible for the cost of all medical treatment incurred and responsible for all transportation expenses.

I (we), the undersigned, have read and understand all of the above and have given true and accurate information.

(Signature of parent or guardian)

(Date)