

2015
YOUTH/CHILD
MEDICAL RELEASE FORM

(To be completed by parent or guardian of child/youth)

First Baptist Church

213 N. Main St., Owenton, Kentucky 40359 (502) 484-2430

Date form filled out _____

Name _____ Birth Date _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Social Security Number _____ *(Is often required for treatment or admittance)*

Please give the last date for the following shots (children and youth only):

Are immunizations current? _____

Polio _____ Tetanus _____ DPT Series _____ MMR _____

Physical problems/restrictions (e.g., allergies, hyperactivity, deafness, etc.) or special needs of child

Medications you must take: _____

Additional comments _____

Physician's Name _____ Phone (____) _____

Medical Insurance Company _____

Phone number (s) _____ Policy Number or ID Number _____

PARENTS/GUARDIANS PLEASE NOTE: *I understand that, in case of an emergency, every effort will be made to contact parents or guardians. In the event that we cannot be reached, I hereby consent to emergency transportation, examination, x-ray, anesthesia, injection, medical, dental, surgical diagnosis, treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where services are rendered, at a doctor's office, clinic or hospital. I, therefore, assume all responsibility for the decisions made, and the emergency care or treatment so secured for my child. I further release First Baptist Church, its staff, and adult leaders from responsibility and liability for any injury or illness that my child may sustain during church activity or transportation involving the church activity. Also, I understand that some hospitals require notarized authorization before a child can be treated. (If this form is not signed and notarized, a hospital may not treat a child/youth under age 18.)*

Parent or Legal Guardian's Signature _____ **Date** _____

Father's Name _____ Work Place _____

Father's Work # _____ Cell # _____ Other# _____

Mother's Name _____ Work Place _____

Mother's Work # _____ Cell # _____ Other # _____

In case of an emergency where the parent/guardian cannot be reached, please call:

Name _____ Phone (____) _____

Relationship _____

Executed before me this _____ day of _____, _____

State of: KENTUCKY

County of: OWEN

Notary Public Signature

My Commission Expires _____