2016 Medical Release – First Baptist Church

Student's Name:	
Date of Birth:	
Home Address:	
Home Phone:	
Parents' Names:	
Father's Employer & Phone:	
Mother's Employer & Phone:	
Insurance Company: **(*See Note)**	
Policy/Group Number:	
Name of Primary Insured:	
Student's Social Security Number:	
Others to Call:	
Student's Physician & Phone:	

IMPORTANT! Please complete the following information (see back if necessary):

Date of Student's Last Tetanus Shot:	
List & Description of Allergies:	
List of All Medications Taken Regularly:	
Describe any Physical Limitation and Medical History (asthma, diabetes, etc):	
Additional Comments (contact lens wearer, etc):	

I, _____ (Parent or Guardian) authorize Reverend Josh Manning, Minister to Youth and Adults Ministires, other First Baptist Church staff, or any adult representative to execute any and all documents necessary for my child to be treated by a medical doctor, or a medical facility, whether on an emergency or non emergency basis, should such care be determined necessary for his/her care, health and general welfare during any activity associated with First Baptist Church, 21 First Street S.E., Fort Walton Beach, Florida 32548.

This authorization shall remain in effect from this date until December 31st, 2016, unless sooner revoked in writing by me.

_____ _____

Parent or Guardian Signature **(Must be witnessed by a Notary)** **Date**

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO before me, by the said _____.
On this the _____ day of _____.

_____

NOTARY PUBLIC IN AND FOR THE STATE OF FLORIDA

***If military or you have no insurance, please complete the back of this form.**

COMPLETE IF MILITARY (copy of military ID required – attach)
I am either in active military or I am retired. My child is entitled to military medical care. The name of the insurance and sponsor number are:
_____.

COMPLETE IF YOU HAVE NO INSURANCE
I do not have medical insurance, but I authorize any necessary medical care to be charged to the following credit card account:

☐ VISA
☐ MasterCard
☐ Discover Card
☐ American Express

Account Number _____

Expiration Date _____

_____
Parent or Guardian Signature (For Credit Card Use Only)

_____
Date