



2025 PERMANENT MEDICAL RELEASE FORM

(PLEASE PRINT)

Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Birth Date _____ Age _____ Grade _____ School _____

Church Where You Regularly Attend _____

Parent's Name _____ Phone _____

Parent's Work Phone _____ Parent's Cell Phone _____

In case of emergency notify _____ Phone _____

Family Physician _____ Phone _____

Family Insurance Co. _____ Policy # _____

Name of Insured _____

Immunization Date: Tetanus _____ List Allergies _____

List any permanent prescription drugs your child is presently taking; state frequency and dosage:

Other Medical Information _____

Medical Care & Medical Information Authorization TO THE ATTENDING PHYSICIAN, HOSPITAL AND STAFF:

Permission is hereby granted for you at the discretion of the staff and/or sponsors of FBCB to perform whatever care is necessary for the welfare of my child until such time as you are able to reach us personally.

_____ Permitted: _____
Date (Name & Relation to Child)

****Must be natural or adoptive parent, or legal guardian***

Liability Release

I, _____, do hereby release, absolve, indemnify and hold harmless FBCB, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above named persona arising out of their participation in church sponsored events. In case of injury to our child, we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

_____ Signature: _____
Date (Name & Relation to Child)

****Must be natural or adoptive parent, or legal guardian***