

First Baptist Church Cordell Release Form

Student Name _____ Age _____
Address _____ City _____ State _____
Phone _____ Work/Cell _____
Emergency Contact _____ Relationship _____
Phone _____ Work/Cell _____
Secondary Emergency Contact _____ Relationship _____
Phone _____ Work/Cell _____

Name of Physician:

Does student have any known allergies or unable to take any medication? Yes / No
If yes what?

Does student presently take any medications regularly? Yes / No
If yes what medications?
For what reason?

List any other medical condition(s) that would be helpful to know about:

Date of last tetanus immunization:

The above named student has current medical insurance coverage through:

Insurance Company

Name on Insurance Policy:

Insurance Company Phone Number

Policy Number

Does your insurance company require notification prior to emergency health care at hospital?
If so, Phone Number

Release of Liability:

I do not hold First Baptist Church liable for any injuries, accidents, or illnesses incurred during this function. I understand that I am responsible for the expenses of my medical care and that my family insurance is primary. No other insurance is provided.

Signed (Parent or Guardian) _____

Print full name _____