

**First Baptist Church Medical Release
Chipley, Florida**

Name _____ Grade _____ DOB _____ Phone _____

Address _____ City _____ State _____ Zip _____

Father's Name _____ Work # _____ Cell # _____

Mother's Name _____ Work # _____ Cell # _____

Health Information

Physician's Name _____ Phone # _____

Any Known Allergies _____

List any medical difficulties for which the student is currently being treated _____

List any medications currently being taken _____

List any Special Diet _____

Childhood Diseases _____ Chickenpox _____ Measles _____ Mumps _____ Other _____

Date of Last Tetanus ___/___/___

Family Medical Insurance Company _____

Policy or Group Number _____ Phone # _____

Please attach a photo copy of your insurance card or copy on the back of this form.

Parent's/Guardian's Permission

I hereby grant permission for the above named applicant to go on and take part in any church trip or activity. I also give my permission for the above named applicant to be treated by a medical doctor, if deemed necessary, by the church leader or chaperone accompanying the group.

Parent's/Guardian's Signature _____ Date _____

_____ personally appeared before me, is personally known by me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, _____

My Commission Expires _____

_____ Notary Public