FIRST BAPTIST CHURCH
FINDING HOPE AND LIFE IN JESUS
P.O. Box 324, Waldoboro, ME 04572 Phone: (207)832-7659

# EMERGENCY INFORMATION AND MEDICAL RELEASE FORM

September 2020– August 2021

Child's Name: _____ Date of Birth: ____/_____/_____
Address: _____
City: _____ Zip: _____
Home Phone: ( ) _____ - _____

Father / Guardian: _____ Cell #: (____)_____-_____
Employer: _____ Work #: (____)_____-_____
Mother / Guardian: _____ Cell #: (____)_____-_____
Employer: _____ Work #: (____)_____-_____

*Allergies:* _____
*Medications:* _____

**OTHER PERSONS TO NOTIFY IN CASE OF EMERGENCY**:

Name: _____ Relation: _____
Address: _____ Phone: (____)_____-_____
Name: _____ Relation: _____
Address: _____ Phone: (____)_____-_____

**CONSENT & MEDICAL RELEASE FOR CHURCH ACTIVITIES:**

I understand that during September 2020- August 2021, my child will participate in various activities, both at the church and away from the church campus. I understand that transportation for these outings is provided by First Baptist Church leaders and volunteers. I give permission for my child to participate in these activities. In the case of an emergency, I authorize said adult leader (person must be 21 years of age) to act as my agent and to follow the procedure as listed below:

> *Time & situation permitting to make reasonable attempts to contact myself or our named agents. When I or my agents cannot be contacted, the adult leader is to act in our behalf. Time & situation permitting, to contact the following medical doctor and / or to seek appropriate medical care.*

Dentist: _____ Phone: (____)_____-_____
Doctor: _____ Phone: (____)_____-_____
Insurance Carrier: _____ Phone: (____)_____-_____
Policy Number: _____ Group Number: _____

I authorize the adult leader to consent for any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care which is recommended by any licensed physician or surgeon for my child. I understand that incomplete information above could delay my child from receiving needed medical attention. _____ (initial)

**Signature of Parent(s) or Guardian(s):** _____ Date: _____

_____ Date: _____