First Baptist Church Bryan
2024 Medical Release Form - Minor

3100 Cambridge Drive ♦ Bryan, TX 77802 ♦ (979) 776-1400 office ♦ (979) 776-1433 fax ♦ www.fbcbryan.org

I understand that in the event of an emergency due to sickness or accident while involved with the activity of First Baptist Church, Bryan, Texas, and every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached, I hereby consent and give my permission to the physician selected by the person in charge to secure any necessary medical and/or surgical treatment for my child. I also understand my signature below indicates that this form is valid for any and all activities my child is

Involved in with First Baptist Church for the year **2024** and that if any of the information I provided changes I will contact the church. I understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed and that I will be responsible for all remaining co-pays and /or percentages not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by First Baptist Church and its agents during its events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Baptist Church, its pastors, leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

_____ _____

Parent/Guardian Signature *Notary Public (REQUIRED)*

_____

County *Date*

Student Information

Name_____
Last Name *First Name* *Middle Initial*

_____ Gender: ❍ M ❍ F
Street Address

_____ Date of Birth _____
City/State/Zip

Emergency Contact Information: _____
Name *(Relationship)* *Phone #*

Family Physician _____ Office ( ) _____

Insurance Company _____ Group # _____

Name of Policy Holder _____ Policy # _____

Pre-existing or current medical conditions_____

_____

Name of medications that must be taken_____

_____

List all allergies_____

_____

Date of last tetanus shot or booster: _____