



First Baptist Roswell
MEDICAL RELEASE FORM

Name _____ Age _____

Address _____

Phone _____ Alternate Phone _____

Emergency Contact _____ Phone _____

Physician Name _____ Phone _____

Medications _____

Allergies _____

Health Concerns _____

Any Additional Information in Case of Emergency _____

Insurance Provider Name _____ Phone _____

Primary Insured Name _____

Group Number _____ ID Number _____

Parent/Guardian

My permission is granted for the church minister, church official, or any chaperone in charge to obtain necessary medical attention in case of sickness or injury to my child, _____.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and First Baptist Roswell from any and all claims, demands, actions, or cause of action, past, present or future arising out of any damage or injury while employed or participating in First Baptist Roswell activities.

Parent/Guardian Signature _____

Date _____