

# STUDENT MEDICAL RELEASE FORM

First Baptist Church  
500 N. Palafox St.  
Pensacola, FL 32501

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Street

(City)

(State)

(Zip)

HOME PHONE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Mo.) (day) (year)

## MEDICAL INFORMATION

STUDENT'S PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

NAME OF INSURANCE CO.: \_\_\_\_\_

POLICY NO. # \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

List allergies and medications (and dosage) your child has or is taking; or any other medical information that the doctor should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell# \_\_\_\_\_

HOME ADDRESS (If different from above): \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_

HOME ADDRESS (If different from above): \_\_\_\_\_

I, the undersigned, do hereby release and forever discharge First Baptist Church Pensacola and sponsors from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury to my child whose name is listed above.

My permission is granted to the FBC staff member or FBC sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child.

Parent/Guardian Signature: \_\_\_\_\_