

***First Baptist Church***

**701 26th Avenue P.O. Box 1509 Meridian, MS 39302**

**MEDICAL RELEASE FORM**

NAME \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ # \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ # \_\_\_\_\_

I do \_\_\_\_\_ do not \_\_\_\_\_ carry personal medical insurance coverage on the above named minor.

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

I do \_\_\_\_\_ do not \_\_\_\_\_ carry personal dental insurance coverage on the above named minor.

Dental Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies, medications, or special concerns we need to be aware of regarding your child:

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

I, the undersigned Parent or Guardian of \_\_\_\_\_, a minor, do hereby grant an authorized leader of First Baptist Church, Meridian, MS to act as my agent to consent to such diagnostic procedures and hospital care, including x-ray, medical anesthesia, or surgery, as deemed necessary to secure and maintain the health and well-being of above named minor, so long as said treatment is deemed advisable by and is rendered under the supervision of a physician, surgeon or dentist properly qualified and licensed under the laws of the state in which he/she practices.

Also, by signing this form, I understand that my child may be photographed or videotaped during normal or event activities, and these photos/videos may be used in print and/or electronic media outlets.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge First Baptist Church, Meridian, Mississippi, from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury in connection with my child's participation with First Baptist Church including transportation via church vehicles. I agree to indemnify the released parties for any and all claims, demands, damages, injuries, costs, suits, or causes of action, past, present, or future, arising out of or caused by my child while participating with First Baptist Church, Meridian, Mississippi.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, the above signed personally appeared before me and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal on this day \_\_\_\_\_ of \_\_\_\_\_ month of 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_