

**MEDICAL RELEASE FORM**

**\*\*Please attach a current photocopy of your Insurance card\*\***

**Participant's Information**

Name: (Last, First, Middle) \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**\*IN CASE OF EMERGENCY, NOTIFY ONE OF THE FOLLOWING IN THE ORDER LISTED\***

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home/Work/Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home/Work/Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home/Work/Cell: \_\_\_\_\_

**Parent/Guardian Information**

1. Father: \_\_\_\_\_ Home/Work/Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

2. Mother: \_\_\_\_\_ Home/Work/Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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I, \_\_\_\_\_ hereby acknowledge under oath that I am the Parent, or Guardian, of \_\_\_\_\_, and unless I otherwise state in writing, I hereby give permission for my child to participate in events and activities conducted, sponsored, and/or organized by Colbert First Baptist Church.

In the event my child is injured, or becomes ill, during a Colbert First Baptist Church event or activity, I hereby grant permission for the Youth Minister or Authorized Representative to obtain and/or provide for my child necessary medical attention and treatment, including but not limited to emergency medical care provided by a hospital, medical clinic, or other emergency health care provider.

I verify that I have read this entire document, have had reasonable opportunity to ask questions concerning its application, understand its contents, and acknowledge that the various information provided throughout this document is accurate and complete. I further acknowledge and verify that I have full legal authority to execute this document and that there are no requirements, conditions, or obligations, legal or otherwise, which would require the consent or assent of any other person or entity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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I, the undersigned officer duly qualified and authorized to administer oaths, do hereby state and affirm that \_\_\_\_\_ personally known by me, appeared before me and in my presence executed the above and foregoing medical waiver together with its medical power or attorney and release.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_