



# Child Medical Release Form

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

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

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

### OVER-THE-COUNTER MEDICATION RELEASE

By indicating "Y" beside the listed over-the-counter medications and signing below, I authorize a representative of First Baptist Church and/or medical professionals to administer said medication in accordance with label instructions if requested by my child.

Advil \_\_\_\_\_ Tylenol \_\_\_\_\_ Benadryl \_\_\_\_\_ NyQuil/DayQuil \_\_\_\_\_  
Tums \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Imodium AD \_\_\_\_\_  
Dramamine \_\_\_\_\_ Tetanus Shot \_\_\_\_\_ Prescription Meds sent w/Student \_\_\_\_\_

**(See Other Side)**

Fathers Name: \_\_\_\_\_

Phone – Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Phone – Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

**Person(s) to be reached if parent/guardian cannot be contacted:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

I understand that only parents/guardians are authorized to pickup students. Should other arrangements need to be made, please provide written authorization and a copy of the party's driver license and contact information. \_\_\_\_\_

I grant permission for pictures or videos of my student to be used on the church's website and/or facebook. \_\_\_\_\_

I, \_\_\_\_\_, do hereby verify that the information contained on this form is correct and I do hereby release and forever discharge First Baptist Church of Alachua (FBCA) 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 previously. My permission is granted to the FBCA staff or FBCA sponsors in charge to obtain necessary medical attention in case of sickness or injury to my child.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in the State of \_\_\_\_\_ and the County of \_\_\_\_\_

Signature: \_\_\_\_\_

**The remainder to be filled out by Notary Public**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal.

My commission expires \_\_\_\_\_.

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

**(See Other Side)**