FIRST BAPTIST CHURCH OF ORANGE BEACH
P.O. Box 248
Orange Beach, Al 36561
(251) 981-4288

MEDICAL RELEASE FORM

Name:_____ DOB:_____/_____/_____

Address:_____

City:_____ State:_____ Zip:_____

Home Telephone:_____

Mother's Name:_____ Work #:_____

Father's Name:_____ Work#_____

Emergency Contact:_____ Telephone:_____

Family Physician:_____ Telephone:_____

Insurance Provider:_____ Insured's Name:_____

Contract #:_____ Group #:_____

(Attach copy of medical insurance card)

Immunizations: Tetanus___ Polio Booster___ Measles___ Mumps___

Please check if student has any of the following conditions:

Asthma___ Sinusitis___ Bronchitis___ Kidney Trouble___ Diabetes___ Heart Trouble___

Dizziness___ Upset Stomach___ Hay Fever___

Allergies: Food:_____

Drug(s):_____

Serious medical condition/illness:_____

Any Current Medications (list name and dosage):_____

_____

PERMISSION FOR TREATMENT

I hereby give my permission for chaperones with First Baptist Church of Orange Beach to obtain any medical attention necessary in case of sickness or injury to my child. I will be responsible for payment of all medical expenses incurred and will not hold First Baptist Church of Orange Beach responsible for said expenses.

_____ _____ _____
Parent/Guardian Signature Print Name Date

State of_____
County of_____

I, _____, a Notary Public in and for said County in said State, hereby certify that_____, whose name is signed to the foregoing Permission Form and who is known to me, acknowledged before me on this day that, being informed of the contents of the said instrument, he/she executed the same voluntarily on this the _____ day of _____, 20____.

_____, Notary Public (Affix Seal)

My commission expires _____