

MEDICAL RELEASE FORM
Fairfax Circle Church - Student Ministry

Student's Name _____ DOB _____
Address _____
Parent/Guardian Name _____ Cell Phone _____
Other Phone _____ Email address _____

Emergency Contact

Name _____ Cell Phone _____
Relationship to Student _____

Medical History

Allergies _____

Medication(s) Student is Taking _____

Last Tetanus Shot _____

Outstanding Medical History/Other Information: _____

Pediatrician _____ Phone Number _____

Insurance Information

Insurance Company _____ Policy Number _____

Phone Number _____ Subscriber's Name _____

Permission For Medical Treatment

I give permission, in an emergency, to have my student taken to the nearest appropriate medical facility, by car or ambulance. The medical facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well being of my child. I agree to accept all financial responsibility for any medical expenses incurred. I also understand that the leaders and/or chaperones of Fairfax Circle Baptist Church will make every attempt to contact me in the event of an accident involving my student. In addition, I will not hold Fairfax Circle Baptist Church or its leaders/chaperones liable in the unfortunate event of an accident involving my student.

Parent/Guardian Signature _____ Date _____