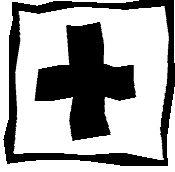


Name _____
Last First MI



First Baptist of Independence MEDICAL RELEASE FORM



Full Name _____ Age _____ Birthday ____/____/____

In the unlikely event of an emergency, I give my permission for my daughter/son to be treated by an accredited physician in an approved emergency medical clinic or hospital. I therefore authorize First Baptist Church and its representatives to act on my behalf and order the appropriate treatment.

I further release from liability First Baptist Church and its representatives in the event of an accident while in transit, during, or returning from this event.

I also acknowledge that should my child have to be returned home due to disciplinary reasons, it is my responsibility to assume all transportation costs.

Parent(s)/Legal Guardian(s) _____

Address _____

Home Phone (____) _____ Work Phone(s) (____) _____

Family Medical Insurance Co. _____ Primary Insured - Father / Mother

Policy Number _____ Group Number _____

Family Physician _____ Phone (____) _____

Address _____

Any Allergies? _____

Taking Any Medications? No Yes List _____

Any Special Condition We Should Be Aware Of? _____

Person (other than parents) To Be Contacted In Case Of An Emergency:

Name _____ Home Phone (____) _____ Work Phone (____) _____

Parent/Legal Guardian Signature

Date

Valid Through:
December 31, 2009