



FIRST BAPTIST CHURCH
2 NE Douglas Street
Lee's Summit, Missouri 64063-2098
816-525-0700
Medical Release Form

The information requested on this form is necessary to facilitate the treatment of your child in case of injury or accident.

Name: _____

Phone: _____

Address: _____

Birth Date: _____

Parent/Guardian: _____

Phone: _____

In Emergency Notify: _____

Phone: _____

HEALTH HISTORY (check all that apply):

____ Anemia ____ Diabetes ____ Epilepsy ____ Kidney Trouble

____ Asthma ____ Dizziness ____ Hay Fever ____ Sinusitis

____ Bronchitis ____ Eating Disorders ____ Heart Trouble ____ Frequent Stomach Upset

Any known Allergies:

Previous Operations or Serious Illness:

Current Prescription Medications (name & dosage):

Childhood Diseases: ▪ Chicken pox ▪ Measles ▪ Mumps ▪ Whooping Cough

▪ Other _____

Other Pertinent Information:

If a medical emergency should arise while my child is a participant in any of the outings listed on the reverse side of this form and I cannot be contacted, I hereby give my permission to any one of the adult sponsors of First Baptist Church, Lee's Summit, Missouri, to select a physician and/or hospital for my child's care. I also give the hospital and/or physician permission to hospitalize and treat my child, including, but not limited to, ordering injections or anesthesia, as deemed necessary. I understand all of the above statement and hereby do agree with all of its contents.

Signature of Parent/Guardian

Relationship

Subscribed and sworn to before me on this _____ day of _____, _____.

Notary Public Signature: _____

Health Insurance information:

Insurance Company: _____

Phone Number: _____

Group/Policy Number: _____

Member Number: _____

Member Name: _____

Signature of parent/guardian needs to
be signed in front of a Notary Public



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Children's Release of Responsibility Form

Name: _____

Phone: _____

Address: _____

Birth Date: ____/____/____

Parent/Guardian: _____

Phone: _____

In Emergency Notify: _____

Phone: _____

I hereby release and hold harmless the First Baptist Church of Lee's Summit and its representatives, agents, employees, officers, and sponsors from any claims, liabilities, suits, or causes of action of whatever nature or type which may arise directly or indirectly, during or as a result of my child's participation in any of the below listed Youth activities. The laws of the State of Missouri will govern this permission slip/release form.

Signature of Parent/Guardian

Date