

MEDICAL RELEASE FORM

SEATTLE FIRST BAPTIST CHURCH ACTIVITIES
2019-2020

Youth Name: _____ **Date:** _____

Birth date: _____ School: _____

Youth E-mail: _____ Current Grade: _____

Youth Cell Phone: _____ T-shirt Size: _____

I/We understand in the event of an emergency, or if any medical or surgical care becomes necessary for _____, every attempt will be made to contact me. **If I/we** am/are unavailable, **I/We** give permission to those in charge of SEATTLE FIRST BAPTIST CHURCH to authorize medical attention as recommended by a licensed physician. **I/We** agree to pay all medical costs involved in such emergency treatment. **I/We** release and discharge the Evangelical Lutheran Church in America and/or its representatives involved with SEATTLE FIRST BAPTIST CHURCH from any liability whatsoever in exercising this permission.

Signature of Legal Parent or Guardian: _____

Printed Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone(s): _____ & _____

Parent E-mail(s): _____ & _____

Emergency Contact (*other than parent*): _____

Phone number(s): _____

Relationship to Participant: _____

Physician Name: _____ Phone: _____

Insurance Company or Group: _____

Policy Number: _____

MEDICAL INFORMATION: Date of last tetanus shot: _____

Allergies, including drug allergies and reaction (please print): _____

Current medication with instructions for use and other pertinent medical information:

