



## FBC Medical/Release Form

First Baptist Church - 211 W. Comanche - Norman, OK 73069  
405.321.1753 - office@fbcnorman.org

**Both sides of this form must be completed on all persons under 25 years of age.**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth date \_\_\_\_\_

Emergency Contact other than Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The undersigned, as parent or guardian of the person listed above, hereby authorizes any staff member and/or adult sponsor who may be supervising or directing any activity sponsored by the First Baptist Church, Norman, Oklahoma, to authorize emergency medical treatment for the person listed above while this person is participating in any trip, excursion or activity sponsored by the First Baptist Church of Norman, Oklahoma.

Furthermore, I release the First Baptist Church, its staff, employees and sponsors from any liability for personal injury, damage or loss that the above named person may sustain while participating in any activity sponsored by the First Baptist Church, Norman, Oklahoma, even if such personal injury or other loss is caused by the ordinary negligence of the First Baptist Church, its employees, staff members or designated sponsors.

I agree to allow the staff and sponsors selected by First Baptist Church to discipline my child during any activities if, in the sole judgment of such staff sponsor or other designated sponsor, such discipline is necessary. I have explained to my child the attitude and actions expected during such activities. If any staff sponsor or other designated sponsor deems it necessary for my child to return from any trip due to illness, injury, or misconduct, I agree to be responsible for all costs associated with such a return trip.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Phone Home \_\_\_\_\_ Office \_\_\_\_\_

Cell \_\_\_\_\_

**Please complete reverse side of this form.**

# Insurance Information

This information will be requested by the physician and medical facility in the event of an emergency. Please help us by making sure you give complete and correct information. This Medical/Release Form is valid one year to date of Parent/Guardian signature and is valid for all First Baptist Church sponsored activities. If any of the information you have provided should change before this date, please complete a new form and return it to the church office.

Parent/Guardian Name \_\_\_\_\_

Social Security Number of Insurance Policy Holder \_\_\_\_\_

Policy Carried under what name \_\_\_\_\_

Parent/Guardian Occupation \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City State Zip

Insurance Company Name \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

City State Zip

Insurance Company Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Please explain any medical problems \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any medication being taken and what it is being taken for:

\_\_\_\_\_

\_\_\_\_\_

Please list any medication that would cause allergic reaction:

\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_