

STUDENT MEDICAL RELEASE FORM 2021

First Baptist Church of Alabaster...903 3rd Ave. NW...Alabaster, AL 35007...205-663-3531

Full Name _____ Date _____

Address _____

City/State/Zip _____ Phone _____

Social Security # _____ Sex _____ Birth date _____

Parent/Guardian _____

Phone # (day) _____ (evening) _____ (cell) _____

If not available in an emergency, notify

Name _____ Relationship _____ Phone _____

Allergies, Disease, Illnesses, Operations, Physical Limitations (asthma, diabetes, etc.) Rare blood or Contact lenses

Last Tetanus Shot _____ Currently prescribed medication _____

Physician _____ Phone _____

Insurance Agency & Address _____

Phone _____ Policy # _____ Group# _____

I, _____ give the sponsors of First Baptist Church of Alabaster Children
(Parent/guardian)

Ministry the authority to provide or sign for medical treatment for _____
(Student's name)

I hereby authorize the release of this information to any physician, hospital, or clinic as needed for medical care. I do not hold First Baptist Church of Alabaster liable for injuries, accidents, or illnesses incurred during a Youth Ministry event. This form shall be kept on file and only be valid from **January 1, 2021 through December 31, 2021**. If any information on this form changes during this time period I will complete a new form and turn it into the Church Office. I understand that I am responsible for the expenses of my child's medical care and that my family insurance is primary.

Signature _____ Date _____

Print full name _____

STATE OF _____

COUNTY OF _____

I, _____, a Notary Public in and for said State and County do hereby certify that
_____ personally appeared before me on this date and testify that the
above statement is true and correct to the best of his/her knowledge.

Date this the _____ day of _____, 20_____.

Notary Public _____

Commission Expires _____

ADULT MEDICAL RELEASE FORM 2021

First Baptist Church of Alabaster...903 3rd Ave. NW...Alabaster, AL 35007...205-663-3531

Full Name _____ Date _____

Address _____

City/State/Zip _____ Phone _____

Social Security # _____ Sex _____ Birth date _____

Phone # (day) _____ (evening) _____ (cell) _____

If not available in an emergency, notify

Name _____ Relationship _____ Phone _____

Allergies, Disease, Illnesses, Operations, Physical Limitations (asthma, diabetes, etc.) Rare blood or Contact lenses

Last Tetanus Shot _____ Currently prescribed medication _____

Physician _____ Phone _____

Insurance Agency & Address _____

Phone _____ Policy # _____ Group# _____

I, _____ give the sponsors of First Baptist Church of Alabaster Children's Ministry the authority to provide or sign for medical treatment.

I hereby authorize the release of this information to any physician, hospital, or clinic as needed for medical care. I do not hold First Baptist Church of Alabaster liable for injuries, accidents, or illnesses incurred during an event. I understand that I am responsible for the expenses of my medical care and that my family insurance is primary. No other insurance is provided.

Signature _____ Date _____

Print full name _____

STATE OF _____

COUNTY OF _____

I, _____, a Notary Public in and for said State and County do hereby certify that _____ personally appeared before me on this date and testify that the above statement is true and correct to the best of his/her knowledge.

Date this the _____ day of _____, 20_____.

Notary Public _____

Commission Expires _____