

FIRST BAPTIST CHURCH

1802 E. High Street

Mt. Pleasant, MI 48858

This form expires one year from the date of signature

MEDICAL RELEASE AND PERMISSION TO TREAT FORM

Name: _____ Date _____

Address: _____ Date of Birth _____

****IN CASE OF EMERGENCY, NOTIFY ONE OF THE FOLLOWING, IN THE ORDER LISTED****

1. _____
Name Relationship Contact Phone Number

2. _____
Name Relationship Contact Phone Number

Parent/Guardian Information:

1. _____
Name Relationship Home Phone Cell Phone

Street City State Zip Code

2. _____
Name Relationship Home Phone Cell Phone

Street City State Zip

Street City State Zip

Street City State Zip

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Emergency Authorization—Medical Release

I, _____, hereby acknowledge and state that the above information on this form is correct so far as I know, and that the person herein described has permission to engage in all prescribed activities, except as noted. I further state under oath that I am the parent or guardian of _____ ("my child"), and unless I otherwise state in writing, I hereby give permission for my child to participate in events and activities conducted, sponsored, organized and/or participated in, by First Baptist Church of Mt. Pleasant. As an integral part of such permission, I recognize that the First Baptist Church of Mt. Pleasant is a nonprofit organization whose purpose is the share the Gospel of Jesus Christ and is not in the business of providing entertainment events and activities for children and youth. In the event my child is injured or becomes ill during a First Baptist Church of Mt. Pleasant event or activity, I understand that every effort will be made to contact a parent or guardian in the order listed. In the event that contact with a parent or guardian cannot be made in a timely manner, I authorize the chaperone of First Baptist Church to release all known and available medical information to the treating medical facility or doctor. I further give permission to medical personnel selected by First Baptist Church staff accompanying my child, or their designee to order x-rays, and tests, secure proper treatment and hospitalization, order injections and/or anesthesia and/or surgery for my child as may be deemed necessary.

Signature of Parent or Guardian _____ Date _____