First Baptist Church

5001 N.E. Loop 820
Fort Worth, TX 76137
817.485.7711 www.fbcfw.org

Both pages of this form must be completed on all persons under 18 years of age.
Name _____ Age _____ Sex _____
Social Security No. _____ Birth Date _____
Address _____ City _____
Zip Code _____ Home Phone (____)_____ Cell Phone (___)_____
Emergency contact other than parent/guardian _____
Home Phone (____)_____ Cell Phone (____)_____ Work Phone (__)_____

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

Furthermore, I release the First Baptist Church Fort Worth, 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 Fort Worth, Texas even if such personal injury or other loss is caused by the ordinary negligence of the First Baptist Church Fort Worth, its staff, or designated sponsors.

I agree to allow the staff and sponsors selected by First Baptist Church Fort Worth 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.

Parent/Guardian Name: _____

Home Phone: (___)_____Cell Phone: (___)_____Work Phone: (___)_____

_____
Signature of Parent/Guardian Date

Insurance Information

The physician and medical facility, in the event of an emergency, will request the following information. 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 Fort Worth 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 # of Insurance Policy Holder: _____

Policy carried under what name: _____

Parent/Guardian Occupation: _____

Business Name: _____

Business Address: _____

Insurance Company Name: _____

Insurance Company Address: _____

Insurance Company Phone Number: _____
Policy Number: _____Group Number: _____
Family Physician: _____ Phone Number: _____
Family Dentist: _____ Phone Number: _____
Explain any medical problems:
_____

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

Please check if child is allergic to the following:

__ Food __ Seasonal Allergies __ Medication __ Insects

Please explain any allergies checked:
_____
_____

Date of last tetanus shot: _____