

FIRST BAPTIST ACADEMY MEDICAL RELEASE FORM

I/We, _____
 the parent(s)/guardian(s) of _____
 a minor, have entrusted into the care of, _____
 an adult, for the purpose of taking part in the _____
 from _____ to _____.

In such connection, I/We authorize such caring adult to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice of physician and surgeon licensed under the provisions of the Medicine Practice Act, or if in another state or country governing the practice of medicine. Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations under the same kind of responsible deliberations as I/We, such minor's parent(s), would have to consider it. I/We further authorize such caring adult to arrange for hire an ambulance or other emergency vehicle to transport at our expense such minor to a suitable place where medical or dental care is provided. It is understood that these arrangements are to be made at our expense.

MEDICAL TREATMENT INFORMATION:

<i>Student Name:</i>	
<i>Address:</i>	
<i>Home Phone:</i>	
<i>Parent(s) Name(s):</i>	
<i>Emergency Contact (other than parent):</i>	
<i>Phone #:</i>	
<i>Doctor's Name:</i>	
<i>Phone #</i>	
<i>Does Student need special medication? If yes, please name:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Has student been vaccinated against tetanus?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date:
<i>Name and policy number of health/hospitalization insurance:</i>	