

**Volunteer Medical Authorization and Release Form**

Name \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Family Insurance Company \_\_\_\_\_

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

Allergies: Food \_\_\_\_\_

Medicine \_\_\_\_\_

Current Medications \_\_\_\_\_

Other relevant medical history \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

**If any of the above information changes,  
please complete a new form and bring it by the church office.**

**MEDICAL AUTHORIZATION**

My permission is granted for First Baptist Church staff to obtain and/or authorize medical attention for myself/my child in case of sickness or injury and to do all things for and in my/our name with full authority to sign all papers or documents.

**RELEASE**

I/we, undersigned, do hereby release, remiss and forever discharge First Baptist Church, Easley, and its staff and sponsors for any and all claims, demands, actions or cause of action, past, present or future arising from any damage or injury while participating in **all children/youth events.**

This document will remain in force until it is revoked in writing by me.

The undersigned further states that this release and authorization has been carefully read by the undersigned.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**(do not sign except in presence of Notary)**

Signature of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Dated \_\_\_\_\_ Seal of Notary