

Adult Volunteer Medical Authorization and Release Form

Name _____

Address _____ City _____ Zip _____

Date of Birth _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email _____

Family Insurance Company _____

(Please include a copy of card (front & back) to be placed on file)

Group/Member # _____ 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 _____