

2021 MEDICAL RELEASE & INFORMATION ACKNOWLEDGMENT**FIRST BAPTIST CHURCH THE COLONY****4800 SOUTH COLONY BLVD.****THE COLONY, TEXAS 75056****(972) 625-1322; FAX (972) 370-1405; www.fbcthecolony.org**

NAME: _____ BIRTH DATE: _____ AGE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ STUDENT CELL #: _____

I WILL WEAR MY SEAT BELT: YES: _____ CELL PHONE TEXTING: YES: _____ NO: _____

ADULT TSHIRT SIZE: S: _____ M: _____ L: _____ XL: _____ 2XL: _____ 3XL: _____

PARENT/GUARDIAN NAMES: _____

PARENT HOME PHONE #: _____ WORK #: _____

MOM'S CELL PHONE #: _____ TEXTING YES: _____ NO: _____

MOM'S EMAIL: _____

DAD'S CELL PHONE #: _____ TEXTING YES: _____ NO: _____

DAD'S EMAIL: _____

EMERGENCY CONTACT: _____ PHONE #: _____

HEALTH INFORMATION: (Check appropriate information)

Asthma: _____ Sinusitis: _____ Bronchitis: _____ Kidney Trouble: _____ Heart Trouble: _____

Diabetes: _____ Dizziness: _____ Stomach Upset: _____ Hay Fever: _____ Head Aches: _____

Allergies: Food: _____

Penicillin or other drug (name): _____

Insect Stings/Bites: _____

Poison sumac, oak, or ivy: _____

Other: _____

Any current medications you are taking (list): _____

Physical disorders: _____

Special diet: (Name): _____

Immunizations (tetanus): _____ Previous operations or serious illnesses: _____

DOCTOR: _____ PHONE #: _____

INSURANCE COMPANY: _____ GROUP/ID: _____

POLICY # (IF KNOWN): _____ PHONE #: _____

*****Please attach a copy of the insurance and/or prescription card if you have one.****PERMISSION FOR TREATMENT**

My permission is granted for the minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors and employees of First Baptist Church The Colony from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while traveling and/or participating in any church function, activity or trip.

PARENT/GUARDIAN SIGNATURE: _____

SIGNED THIS DATE: _____