

First Baptist Hanford
Participation Consent & Medical Release Form

2009-2010

- Child
- Jr. High
- Sr. High

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Birthdate: _____ Sex: M ___ F ___ Grade (in fall of 2009): _____

Father/Stepfather/Guardian (please circle one) Name: _____

Mother/Stepmother/Guardian (please circle one) Name: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____

Father/Stepfather/Guardian (please circle one) Name: _____

Mother/Stepmother/Guardian (please circle one) Name: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____

Child lives with: _____

1. Please list any allergies: _____

2. Please list any medications you are taking: _____

3. Do you have any medical conditions (such as asthma) that could affect your health and well being during youth activities?
Yes _____ No _____ (if yes explain) _____

I/We give permission for the above named student to participate in First Baptist Hanford activities.

Parent/Legal Guardian Signature: _____ Date: _____

In case of an emergency notify:

Notify 1st Name _____ Phone: _____

Notify 2nd Name _____ Phone: _____

Medical Release

In the event of an emergency, I understand that an attempt will be made to contact me first. However, if I am unavailable, I give permission to the attending physician to hospitalize, secure proper treatment, and to order injections, anesthesia, or surgery for my child. I understand that all billings for service will be made to me as the parent or legal guardian.

Parent/ Legal Guardian Signature: _____ Date: _____

Insurance Carrier: _____ Group/Policy #: _____

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