Missions Montgomery 2017 Medical Release Form

Student's Name: _____

Parent(s)/Guardian: _____ Emergency Phone: _____

Allergies: _____

Medical Conditions: _____

Prescription Medications: _____

Physician Name: _____ Physician Phone: _____

Insurance Company: _____

Insurance Company Phone: _____ Policy #/Group #: _____

I hereby give my permission for _____ to attend and participate in First Baptist Church's Missions Montgomery on Tuesday, May 31 through Thursday, June 2, 2017 in Montgomery, Alabama. We do hereby release, waive and discharge any and all liability whatsoever past, present or future, rising from any injury or damages whatsoever to my child or cause of action accruing or occurring to my child for any injury, damages or claim which occur or accrue during this trip. Further, we do agree that First Baptist Church may secure medical attention for health care for my child when in the opinion of the responsible church officials, such attention or care is desirable or necessary.

Signature of Parent/Guardian: _____ Date: _____

Notary Public: _____ My commission expires: _____

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