

# Beach Adventure 2025 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 BEACH ADVENTURE 2025 trip to Panama City Beach, FL. 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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