



**Sulphur First**  
FREE WILL BAPTIST CHURCH

## Emergency Medical Release Form

First Free Will Baptist Church  
1222 W. Oklahoma Ave.  
Sulphur, OK 73086  
(580) 622-2569

**This form is effective from the date of signature through August 1, 2021**

Youth/Child's Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name(s) of Parent(s)/Legal Guardians(s) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Alternate person to contact in case of emergency if parent cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Other phone \_\_\_\_\_

### INSURANCE INFORMATION and MEDICAL HISTORY (attach a copy of front and back of your insurance card)

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Medical History/known allergies to food, drugs, bee stings, etc.

List all medications currently taken and what condition it is taken for.

Date of last Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**MEDICAL RELEASE:** I give the adult sponsors of First Free Will Baptist Church of Sulphur, OK, the authority to provide or sign for medical treatment for above said child.

**RELEASE OF LIABILITY:** That I, the undersigned, being the parent or legal guardian of above said child who is a member of the group traveling with First Free Will Baptist Church of Sulphur, OK, do hereby constitute and appoint any adult chaperon traveling with the said group as my true and lawful attorney-in-fact for the limited purpose of consenting to any reasonable necessary medical attention which might be needed by my child as a result of injuries or sickness occurring while said child is engaged in any activity connected with the First Free Will Baptist Church of Sulphur, OK.

- Also, I do not hold First Free Will Baptist Church of Sulphur, OK, its Ministers, or volunteer assistants, any resident organization and/or camp facility, its staff, employees, or board liable for any injuries, accidents, or illnesses incurred during scheduled retreat/camp dates and times for which my child will be on their property.
- I further authorize my said attorney-in-fact to execute any and all documents, consent forms, or any other instruments which might be necessary to authorize a physician or hospital to perform any such reasonably necessary medical services to my child and do hereby ratify and confirm the act of my said attorney-in-fact in doing so. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage.

Signature of Parent(s)/Legal Guardians: \_\_\_\_\_

Date: \_\_\_\_\_