



Lilburn First Baptist Church Student Medical Release

_____ is to receive any necessary medical treatment in my absence. I understand that in the event that my youth requires medical attention, a representative of Lilburn First Baptist Church will contact me. However, in the event that I cannot be reached, I give the authority for medical treatment decisions for my youth to Lilburn First Baptist Church representative in possession of this document and if necessary obtain the services of a licensed physician and/or hospital emergency room. Below, I have noted any special medical problems, allergies, or other concerns about my youth's health.

Signed _____ Date Signed _____
MOTHER / FATHER / LEGAL GUARDIAN

Mother Phone #: Day: _____ Night: _____ Cell: _____

Father Phone #: Day: _____ Night: _____ Cell: _____

Another Person To Be Contacted In Case Of Emergency

Name: _____ Relationship to child: _____

Address: _____ City/Zip: _____

Phone #: Day: _____ Night: _____ Cell: _____

Insurance Policy Holder Information

Name: _____ Date of Birth: _____

Address: _____ City/Zip: _____

Insurance Company: _____ Policy #: _____

Physician's Name: _____ Physician's Phone #: _____

Medical Problems, Allergies, etc.: _____

NOTARY PUBLIC

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date ____ / ____ / 20____.

_____ Notary Public My commission expires ____ / ____