

**YOUTH PERMISSION AND MEDICAL RELEASE FORM**  
**First Baptist Church Lexington**

Youth Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

In Case of Emergency Notify:

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

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

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

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Family Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**MEDICAL HISTORY**

Allergies: Food \_\_\_\_\_

Medication \_\_\_\_\_

Other \_\_\_\_\_

Any current medications \_\_\_\_\_

\_\_\_\_\_

Other information you would like medical personnel to know \_\_\_\_\_

\_\_\_\_\_

**PERMISSION FOR TREATMENT**

My permission is granted for First Baptist Church Lexington Youth Leader, Minister, Chaperone, or other Staff Person in charge to obtain necessary medical attention in case of sickness or injury to my child. For the period of **August 2017 - August 2018**.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge First Baptist Church Lexington from any and all claims, demands, actions or cause of action, past present, or future arising out of any damage or injury while participating in any First Baptist Church Lexington event.

Signature \_\_\_\_\_ Date \_\_\_\_\_