

**Bradfordville Children & Families Ministry
Medical Release Form**

Child's Name: _____ DOB: ____/____/____ Age: _____

Parent/Guardian Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Work Phone: _____

Primary Phone: _____ Work Phone: _____

Emergency Notification: _____ Phone: _____

Physician: _____ Phone: _____

Insurance Company (*please attach a copy of your insurance card*): _____

Policy #: _____

Medical History (check any that apply):

- Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble
 Dizziness Diabetes Hay Fever Stomach Upset Other

List Other: _____

Date of last Tetanus shot: ____/____/____

Allergies:

Food: _____

Penicillin or other drug (name): _____

Insect or Environmental: _____

Does your child have any other special health information that we should be aware of? Yes _____ No _____

MEDICAL RELEASE (must be signed in the presence of a Notary):

I, _____ (parent/guardian), give the adult workers with the children of
Bradfordville First Baptist Church the authority to provide and/or sign for medical treatment for
_____ (child).

Signed: _____ Date: ____/____/____

Liability Release (must be signed in the presence of a Notary):

I have given permission for _____ (child) to
participate in KidzMin activities with Bradfordville First Baptist
Church. I further agree to release Bradfordville First Baptist Church
and its workers from any liability in the event of any injuries,
accidents, or illnesses incurred during these activities.

State of Florida, County of _____
This instrument was acknowledged before
me this ____ day of _____, 20__ by

Notary Public (seal)
____ personally known to me
____ who produced identification _____

Signed: _____ Date: ____/____/____