



FBC Sumrall Student Ministry

169 Center Avenue, Sumrall, MS 39482

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Medical Release Form / Permission to Treat (To be completed by parent or legal guardian)

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Student/Participant Information:

Name: _____ SS: _____

Address: _____

DOB: ____/____/____ Age: ____ Home Phone: _____ Cell Phone: _____

Parent/Guardian Information:

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Secondary Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Insurance Information: *Attach a copy of your insurance card to this form.

Insurance Co.: _____ Group#: _____ Policy#: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Co. Address: _____

Insurance Co. Phone: _____

Personal Medical Information:

Physician's Name: _____ Phone: _____

Allergies and Medical Conditions: _____

List ALL medication taken on a regular basis and/or any brought with you to Camp. (Prescription meds MUST have a pharmacy label and name of doctor.)

List all operations/serious injuries and dates within the past five (5) years:

Is sponsor authorized to approve medical treatment for student/participant if deemed emergency? ____ Yes ____ No

Medical Release Form / Permission to Treat

Student Name: _____

Parent / Guardian Name: _____

Medical Release Form / Permission to Treat

I, the undersigned, acknowledge and accept the risks of physical injury associated with participation in the event/activity described above. The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. By signing below, I, the undersigned, give FBC Sumrall, its agents, volunteers, employees, or anyone acting on its behalf, permission to treat the above student.

Signature of Parent/Guardian _____ Date _____

The following should be completed by the notary witnessing parent/guardian's signature.

The State of _____ the County of _____ before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this

_____ day of _____, A.D. _____.

Notary Public, Signature _____

My commission expires the _____ day of _____, A.D. _____.

PLEASE NOTE THAT THIS FORM & WAIVER IS VALID FOR THE FOLLOWING CALENDAR YEAR: September 1, 2024 through August 31, 2025