

PERMISSION AND MEDICAL RELEASE FORM
Auburn First Baptist Church

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 # _____ Group # _____

MEDICAL HISTORY

Allergies: Food _____

Penicillin or other drug (please name) _____

Other _____

Any current medications _____

Other Information you would like medical personnel to know _____

PERMISSION FOR TREATMENT

My permission is granted for Auburn First Baptist Minister of Students, chaperone, or other staff person in charge to obtain necessary medical attention in case of sickness or injury to myself. For the period of **August 2025 - August 2026.**

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Auburn First Baptist Church 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 Auburn First Baptist event.

Signature _____ Date _____