

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

Youth Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_

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

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

In Case of Emergency Notify:

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

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

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

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

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

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

Primary Insurance Holder's Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

**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 my child. For the period of **August 2023 - August 2024.**

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 \_\_\_\_\_