



2024 Medical Release/Permission to Treat Form

First Baptist Church of Mandeville

1895 Highway 190 | Mandeville, Louisiana 70448 | Phone: (985) 626-3217

Name of Church: First Baptist Church of Mandeville

City/State: Mandeville, LA

Student Information:

Name: _____

Birthdate: _____ Age: _____ Sex (M/F): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Information:

Name: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Secondary Contact to notify in case of emergency:

Name: _____

Relationship to you: _____ Phone Number: _____

Please supply ALL the following information. Attach a copy of your insurance card.

Medical Information:

Medical Insurance Co.: _____ Group #: _____

Policy #: _____ Company Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Physician's Name: _____ Phone #: _____

Physical Limitations (asthma, diabetes, allergies, etc.) **and/or special instructions** (allergic to certain medicines, rare blood type, wears contact lenses, etc.):

List of all medications taken regularly and/or any that will be brought with the student to events

(prescription meds MUST have a pharmacy label and name of doctor):

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

I give permission for the Student Pastor or responsible/approved adult chaperones to give my student over-the-counter medicines such as Ibuprofen, Advil, Tylenol, Benadryl, etc. if needed.

_____ Yes

_____ No, please call first for permission

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization:

I hereby give permission to medical personnel selected by the participant's church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact or secondary contact can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injection and/or anesthesia and/or surgery for myself as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release its employees or agents from liability, associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in participating in recreational activities and other activities related to youth functions.

Signature of Parent/Guardian

Date

The following to be completed by the notary witness's parent/guardian's signature.

The State of Louisiana, the Parish of St. Tammany
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 the seat of the office this _____ day of _____, A. D. _____.

Notary Public Signature _____
My commission expires the _____ day of _____, A. D. _____.



2024 Student Ministry Permission Form

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I, _____, the legal guardian of _____, on the _____ of _____, 20____ give my permission for him/her to participate in First Baptist Church of Mandeville’s planned church outings. I acknowledge that these outings may or may not involve church-provided transportation. This statement of permission will be valid from the **date signed** through **October 31, 2023**. In addition to this permission form, I have completed the Medical Release Form for my child and will update the Medical Release Form as necessary.

Parent/Guardian Signature

Public Notary

In case of emergency, contact me by phone at: _____

or

If I am unavailable for any reason please contact:

	Name	Relation to Student	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____