

FIRST KIDS Parent Release Form

***If we have an activity form on file, you do not need to complete this side**

Name _____ Sex (circle one) **M** **F**

In case of emergency, notify: Name _____ Relationship _____

Emergency phone numbers: Day _____ Night _____

May we post pictures of your child on our First Baptist Kids Facebook page? _____ on our website? _____

Medical Information

Physician's Name _____ (Imperative if your child has allergies) Phone _____

List any allergies to medications or any known allergies _____

Date of last tetanus immunization _____ Medications presently being taken (details-time of day):

Insurance Company _____ Insurance Member ID # _____

Insurance Phone # _____ Group # _____

Signature of Parent or Guardian Date _____

AUTHORIZATION FOR EMERGENCY CARE TO A MINOR

I/we the undersigned, parent(s) or legal guardian of the minor (name) _____ do hereby authorize any X-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist licensed by the State of Missouri and hospital service that may be rendered to said minor under the general, specific or special consent of any sponsor at First Baptist Joplin. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

Signature of Parent or Guardian Date _____

AUTHORIZATION FOR MEDICAL INFORMATION RELEASE

I hereby authorize the hospital to release the following information contained in its hospital records to the representative of the First Baptist Church concerning diagnosis, prognosis for (minor child) _____.

This information will be used for insurance billing. _____ Date _____
Signature of Parent or Guardian