

**Full Gospel Baptist Church Fellowship International
MEDICAL TREATMENT RELEASE FORM**

As a parent/guardian, I do hereby authorize the treatment of named minor, by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ DOB: __/__/____ Grade: _____
Address of Minor: _____ City/State: _____
Home Phone: _____ Cell Pone/Emergency Phone: _____

Printed Name of Parent/Guardian(s): _____

In case of emergency, contact:

1. Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____
Address: _____ City/State: _____

2. Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____
Address: _____ City/State: _____

Family Physician: _____ Phone: _____
Physician Address: _____ City/State: _____

List allergies, medication, or other medical conditions: _____

Other medical conditions that you should be aware of, are: _____

Health Insurance: Policy Holder's Name: _____
Policy Number: _____
Group #: _____
Company: _____

Reason for which release is intended: FGBCFI International Conference, COLUMBUS, OHIO.

This release form is completed and signed on my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

This form must be completed for your child(ren) to travel with the _____ (local ministry).

Date Signature of Parent(s)/Legal Guardian(s)