

**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.**

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)