

First Baptist Church Release Form

First Baptist Church of New Port Richey
6800 Trouble Creek Road
New Port Richey, FL 34653
727.849.4210
www.fbcnpr.com
www.fbccow.com

I, the undersigned Parent or Guardian of _____,
a minor, so hereby authorize leaders of First Baptist Church of New Port Richey, Florida,
to act as my agent to consent to such diagnostic procedures and hospital care,
including x-ray, medical, anesthesia, or surgery, as deemed necessary to secure and
maintain the health and well-being of the above named minor, so long as said treatment
is deemed advisable by and is rendered under the supervision of a physician, surgeon,
or dentist properly qualified and licensed under the laws of the state in which he/she
practices.

PLEASE PRINT

I do ___ do not ___ carry personal medical insurance coverage on the above named minor.

Medical Insurance Company _____
Policy Number _____ Phone _____
Address _____

I do ___ do not ___ carry personal dental insurance coverage on the above named minor.

Dental Insurance Company _____
Policy Number _____ Phone _____
Address _____

MEDICAL / PERSONAL INFORMATION

Please print

Name _____ Age _____ Date of Birth _____

Home Address _____

Home Phone Number _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

In case of emergency call:

Name _____ Phone Number _____

Name _____ Phone Number _____

List & specify and medical conditions, allergies, disabilities, or medications being taken:

Date of most recent vaccinations: MMR _____ DPT _____ Polio _____ Tetanus _____

Are there any special concerns or instructions of which we need to be aware?

Signature of Parent/Guardian _____ Date _____

