First Baptist Church-Goshen, Indiana
1011 South Indiana Avenue
Goshen, Indiana 46526
574-533-3139 church@fbcgoshen.org Fax 574-533-3130

Emergency Medical Release Form

Please print or type all information so it is easily readable:

Child's Name_____
Last First Middle

Social Security #_____-_____-_____**Phone #**_____-_____-_____

Address_____
Street City State Zip

If, while on a trip or activity with First Baptist Church of Goshen, Indiana (FBC), My child would require Emergency medical treatment , I hereby give my permission and consent for the appointed leaders and sponsors to allow such treatment in order to save my child's life and/or secure the mental, physical , and emotional well being of my child. I, the parent or legal guardian named below, of the above named child do herby authorize that any of the appointed leaders or sponsors of FBC may secure whatever Medical treatment is deemed necessary from any licensed or certified medical practitioner and/ or organization, without my prior permission. The permission is also extended to the use of anesthesia and/or surgery if said treatment is deemed necessary to save the life and/or insure the well being of my child.

I further authorize any licensed or certified medical practitioner including, but not limited to; Police Officers, Firefighters, First Responders, Emergency Medical technicians, Paramedics, Nurses, Physicians, Surgeons, Technicians, Therapists, and their employing agencies, including hospitals and clinics, to perform whatever treatments necessary to save the life and/or insure the well being of my child.

I understand that attempts will be made to contact me as soon as possible so that I can give my personal approval for treatments, but that my prior approval is not necessary to begin any treatment deemed necessary to save the life and/or insure the well being of my child. I further understand that once the immediate threat to the life and/or well being of my child has passed, no further treatment will be given until I have been contacted and my personal approval is given.

I further absolve FBC and all of it's appointed leaders and sponsors from any liabilities for the treatments secured for my child under the terms of this release form detailed above.

I give my permission for photographs that may include my child to be used in promotional material for the church, including Social media. Yes_____ No _____

Print Parent/Guardian Name_____

Signature_____ **Date** _____/_____/_____

Phone Numbers____/____/_____, ___/___/_____, ___/____/_____

Review Dates_____/_____/_____ _____ _____/_____/_____ _____

_____/____/_____ _____ _____/_____/_____ _____

Please fill out all information on back of sheet ……

Medical Information

Does your child have health insurance? Yes No

Insurance Carrier: Hoosier Healthwise Medicaid Other_____

Parent or Guardian Insurance is through_____

Insurance Policy Number_____

Pre-treatment approval Phone #_____

Insurance I.D. Number_____

Family Physician Name_____

Address_____

Street City State zip

Doctor's Phone Numbers___/___/_____ ___/___/_____ ___/___/_____

Date of most recent Tetanus ___/___/____ Blood Type_____

Names and Dates of Immunizations within past 5 years_____

_____

Child's diagnosed Medical Conditions_____

_____

Names and dosage of current medications;_____

_____

_____

Known Allergies_____

_____

Types and dates of any major surgeries_____

_____

_____

Any additional information?

Updated Form 8/2014