

2025 Medical Release/Permission Form*

Last Name: _____ First Name: _____ Gender: _____

Date of Birth: _____ School: _____ Current Grade: _____

Parents or Guardian: (First + Last) _____ T- Shirt Size _____ (adult sizes)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Parent's E-mail Address: 1. _____

2. _____

Emergency contact other than Parent or Guardian: _____

Relationship to Participant: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Participant's Physician: _____ Office Phone: _____

Please explain any medical conditions, allergies, or special needs in the space provided below and continue the back

Health Insurance Company: _____ Insurance Phone Number: _____

Policy Number: _____ Name of Insured: _____

- Copy of Insurance Card Provided / attached? Yes _____ No _____

I, _____ (parent or guardian), give permission for my son / daughter
 _____ (child's name) to participate in outings / activities sponsored by the Student,
 Missions, and Life Group Ministries of FBC Jonesboro. Should an emergency medical treatment be necessary, and I am unable to be contacted, I
 authorize accompanying adult sponsors to act on by behalf and approve medical treatment. I hereby grant permission for an attending
 physician or hospital to administer medical care, if deemed by the chaperones of the ministries listed above. I also hereby release from any
 liability FBC Jonesboro, any and all adult sponsors or church staff in the event of any accident in route, during, or returning from any events
 sponsored by the ministries mentioned above. I understand that this medical release/permission form is only valid **thru December 31, 2025**.

I further give permission for my child's picture/video to be made, seen on facebook/Instagram or used in future church publications.

*** Should any information change before the expiration date, it is my responsibility to complete an updated form.**

Please sign here in the presence of a Notary. _____

Information below is to be filled in by Notary:

_____ personally appeared before me, and in my presence executed this within and foregoing permission
and release form.

Witness my hand and official seal the _____ day of _____ 20_____

My commission expires _____ Notary Public _____