

**First Baptist Church of Nederland**  
1911 Nederland Ave. Nederland, TX 77627

**MEDICAL/PERMISSION AND RELEASE FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent's Name: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Occupation: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Employer: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Medical Information: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Permission for Treatment**

My permission is granted for the First Baptist Church of Nederland, Texas staff members to obtain necessary medical attention/treatment in case of sickness or injury for \_\_\_\_\_.

I, the undersigned, do hereby release, remiss, and forever discharge all sponsors, staff members, and First Baptist Church from any claims, demands, or actions or cause of action, past, present, or future, arising out of any damage or injury while participating in any church sponsored event.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2009, and being applicable for the calendar year of August 1, 2009 through December 31, 2009.

\_\_\_\_\_  
Parent Signature

**Permission For Use Of Photos**

My permission is granted for First Baptist Church of Nederland, Texas staff members to use photos of the above named student on church websites or for publicity, etc.

\_\_\_\_\_  
Parent Signature