

**First Baptist Church of Medford, WI (FBC) and  
The Cutting Edge Youth Center of Medford, WI (CEYC)  
Medical Authorization and Release**

Name of Minor: \_\_\_\_\_

Name of Parent or Guardian (must match signature at bottom): \_\_\_\_\_

**Medical Authorization**

In the event of an accident, sudden illness or medical emergency involving the above mentioned minor, I hereby authorize the staff member/s and/or adult chaperone/s of FBC and/or CEYC, as the adult/s into whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care deemed to be necessary by a licensed physician. It is the express intent of the undersigned that this Medical Authorization and Release be in effect for all FBC and/or CEYC youth activities taking place from the date below until September 1, 2010.

The following information is included to be used as needed by any staff member or chaperone of FBC and/or CEYC and/or any hospital or licensed medical practitioner not having access to the above mentioned minor's medical history:

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Medication: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_ Insurance Company Phone Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder's Phone Number: \_\_\_\_\_

**Contact Information**

Parent/Guardian Name/s: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Release**

In consideration of the aforementioned minor being permitted to participate in any and all FBC and/or CEYC youth activities that occur from the date below to September 1, 2010, I, the undersigned, as parent or guardian of the said minor, understanding that the staff members and adult chaperones of FBC and/or CEYC will exercise responsible supervision, hereby agree to release First Baptist Church of Medford, WI, the Cutting Edge Youth Center of Medford, WI, and any of its staff members and adult chaperones from any and all damages or liability arising out of or relating to the said minor's presence or participation in any and all youth activities taking place from the date below to September 1, 2010. This release shall be binding on myself, my heirs, executors, and/or legal representatives, as well as on the minor and his/her heirs, executors and/or legal representatives. I also understand that it is my responsibility to update this form while it is in effect if any of the above information changes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_