

EBC Medical Release Form



Instructions:

Please fill in all the blanks with the appropriate information. Once finished, please give your Medical Release Form back to the ministry leader.

Name:

Last _____ First _____ Middle Initial _____

Current address _____

Apt. # _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Special medical conditions, etc.

Family doctor _____

Emergency contact person _____

Phone Number (_____) _____

I understand that my personal medical insurance is the primary coverage for all Awana, Journey, and Sunday School events this year. In the event of an emergency situation I authorize the representatives of Evergreen Baptist Church to seek emergency care for my child.

Signed _____ Date _____

Insurance Company _____

Policy Number _____

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