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# Common People Ministries



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## Common People Ministries Student Medical Release Form

*This form must be signed.*

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex (M/F): \_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_  
Secondary contact to notify in event of emergency: \_\_\_\_\_  
Their relationship to you: \_\_\_\_\_ Their phone:(\_\_\_\_) \_\_\_\_\_

Please supply ALL of the following information.

Medical Ins. Co.: \_\_\_\_\_ Group# \_\_\_\_\_ Policy#: \_\_\_\_\_  
Company's address: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Family Physician's Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_  
Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions  
(Allergic to certain meds, rare blood type, wears contact lenses, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

List ALL medication taken on a regular basis and/or any brought with you.  
(Prescription meds MUST have a pharmacy label and name of doctor):  
\_\_\_\_\_  
\_\_\_\_\_

List all operations/serious injuries and dates within the past five (5) years:  
\_\_\_\_\_  
\_\_\_\_\_

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

**Emergency Authorization-** I hereby give permission to medical personnel selected by the participant's church sponsor/his designee to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the participant's church sponsor/his designee to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above.

I further authorize the release of the above medical information to the appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release First Baptist Church of Redwater, TX, its staff, employees, and/or sponsors from liability associated with participation in First Baptist Church of Redwater, TX.

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Signature of Parent/Guardian

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Date

I, \_\_\_\_\_, understand and agree to abide with the restrictions placed on my activities by my parent/guardian.

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Signature of Child/Youth Participant