

Parental Consent/Medical Release Form
First Baptist Church of Ocala
2801 SE Maricamp Road, Ocala, FL 34471

Male ___ Female ___

Effective Date: _____

Participant: _____ Age: _____ Birthdate: _____

Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Parent email _____ Student email _____

Name of Parent(s)/Legal Guardian: _____

Address (if different) _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Parent(s)/Guardian Business Phone(s): (____) _____; (____) _____

Other next of kin/party outside the home who can be notified in event of emergency:

Name: _____ Relationship: _____ Phone: (____) _____

Is your youth covered by medical/hospitalization insurance? **YES** _____ **NO** _____

Insurance Company: _____

Policy Holder Name: _____

Insurance Company Address: _____

Policy Number: _____ Group Number: _____

Parent/Guardian Place of Employment: _____

Please list below any past or present medical concerns or restrictions, allergies (food, insect bites, etc.), dietary restrictions, current medications regularly taken, or any other important information that you feel we must know, along with medications or treatments needed for these concerns.
