

Grade: \_\_\_\_\_ Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(2025-2026) (Last) (First) (Middle)

**FBCSPYG Medical Release Form 2025-2026**  
**First Baptist Church, 200 East New York Avenue, Southern Pines, NC 28387**  
(910) 692-8750 • www.fbcsp.org

*Information and Medical Release Form (to be completed by parents or guardians)*

**Student's Name** \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip

Student Cell Phone \_\_\_\_\_

Grade for 2025-2026 \_\_\_\_\_ School \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Last First Mid. Init.

Address \_\_\_\_\_  
Street City State Zip

**Mother:**  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Do You Use Text? \_\_\_\_ Yes \_\_\_\_ No

**Father:**  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Do You Use Text? \_\_\_\_ Yes \_\_\_\_ No

**Medical History of Student**

Dietary Allergies (gluten, dairy, nuts, etc.) \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Allergic to Bee Stings? \_\_\_\_ Yes \_\_\_\_ No

General Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Special Health Problems, Concerns, and/or Instructions \_\_\_\_\_

## Insurance Information for Student

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

**\*\*\* Please attach a copy of the front and back of your insurance card. \*\*\***

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

## Permissions

I do hereby give permission for my child's image or photo to appear in church newsletters, on the church website, on church social media (e.g., Facebook, Instagram, etc.), on television, or in newspapers. Please note that your child's name would not be used unless permission is granted otherwise.

\_\_\_\_ Yes \_\_\_\_ No Initial \_\_\_\_

I understand that it is the expectation of First Baptist Church that my child will remain for the duration of the scheduled event unless they, or their parents, notify the adult leadership of the event.

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with First Baptist Church, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment of competent medical personnel.

**Signature of Parent or Legal Guardian** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

Please bring this completed form to the church office or mail to:

Rev. Bryan Moore  
First Baptist Church  
200 East New York Avenue  
Southern Pines, NC 28387

*Please contact Jessica Philbrook in the church office at (910) 692-8750 if you have any questions. Thank you!*

## Certificate of Acknowledgement

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared,  
(date) (notary)

\_\_\_\_\_, personally known to me.  
(signer)

WITNESS my hand and official seal

My Commission Expires:

(seal)

\_\_\_\_\_  
(notary signature)

\_\_\_\_\_