

**FIRST BAPTIST ACADEMY**

3000 Orange Blossom Dr., Naples, FL 34109 (239) 597-2233

**SAFETY FORM**

**MEDICAL RELEASE AND AUTHORIZATION FOR PICK UP**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medical Problems \_\_\_\_\_  
Current Medications \_\_\_\_\_

***Parent Information***

Father's Name _____				Mother's Name _____			
Home Address _____	City _____	State _____	Zip _____	Home Address _____	City _____	State _____	Zip _____
Home Phone _____ Cell (Father) _____				Home Phone _____ Cell Mother) _____			
Father's Employer _____				Mother's Employer _____			
Position _____ Telephone _____				Position _____ Telephone _____			

**AUTHORIZATION FOR STUDENT PICK-UP**

By signing below I understand that I am giving permission for my child to be picked up by the following people in the event that I am unable to do so:

- Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

***Emergency Contact Information***

Please list contacts other than those listed above that would serve as an a contact in case of emergency and have permission to make medical decisions on behalf of your child:

- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_

***Physician Information***

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL RELEASE**

Student's Name \_\_\_\_\_ School Year \_\_\_\_\_ Grade \_\_\_\_\_

I agree to allow \_\_\_\_\_ (child's name) to participate in all school activities including school-sponsored trips away from school premises, and as consideration for the benefits derived, I absolve the school from liability to me or my child because of injury to my child at school or during any school event. I further authorize the school to secure necessary emergency medical attention for my child in the event of an injury at school or on a school-sponsored trip away from the school premises where parents cannot be contacted. I (as parent or legal guardian) give my permission for First Baptist Academy and/or its representatives to secure emergency medical treatment by any physician, hospital or other medical attendant for the above named student in the event of a medical emergency, on or off campus. In case of minor injuries FBA and/or its representatives have my permission to administer medicated topical ointment, Band-Aids and ice as the need arises.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date