2025 MEDICAL AUTHORIZATION AND RELEASE

Child's Name: ___________________________ Date of Birth: ___________ Grade: ________

Address: ____

City: ___________________________ State: ___________ Zip: ___________

I, ____________________________________, authorize the Designated Agents (as hereinafter defined) of Nashville First Baptist Church, 108 Seventh Avenue South, Nashville, Tennessee 37203 (the "Church"), to consent to, and to execute any and all documents necessary for, my child, _____________________________ (the "Child"), to be treated by a medical doctor or a medical facility, whether on an emergency or non-emergency basis, if such care be determined necessary for his or her care, health and general welfare during any activity or event associated with the Church.

Designated Agents

For purposes of this Medical Authorization and Release the "Designated Agents" are defined to be the following: David Morgan, Sarah Galloway, Joe Fitzpatrick, Laurie Hall, Thomas West, Bryan Barley, those persons identified as adult counselors and sponsors for an activity or event associated with the Church in and affidavit executed by any of the individuals listed above and presented with this Medical Authorization and Release at the time medical treatment is requested for the above-named Child.

This authorization shall remain in effect, from this date until December 31, 2025, unless sooner revoked in writing by me. I hereby release the Designated Agents from any claims, liabilities, demands, damages, rights and causes of action resulting or arising, directly or indirectly, from any consent or action taken by him or her pursuant to this Medical Authorization and Release.

I give permission for Nashville First Baptist Church to use photos taken of my child at church events in promotional items, on the website and in print publications (i.e. First Connections, First Notes, etc.)

(please circle one) Yes No

Insurance Information

My medical insurance carrier is ________________________________

Policy/Group No ________________________________

Policy is carried by ________________________________

If possible, a copy of the insurance card is attached.

My child's primary physician is ________________________________

Phone No. ________________________________

COMPLETE, IF APPLICABLE

I am either in active military service or am retired. My child is entitled to military medical care and my identification number is ______________________________.

COMPLETE, IF APPLICABLE

I do not have medical insurance, but I authorize any necessary medical care to be charged to the following credit card account:

Visa Mastercard Discover Card American Express

Account No: ____________________________ Expiration Date: _________________

______________________________ ______________________________

Parent or Guardian Signature **Date Signed**
(For Credit Card Use Only)

If necessary, I can be reached at the following phone numbers:

Residence _________________________ Cell ___________________________

Work _________________________ Other ___________________________

IMPORTANT! Please complete the following information:

Date or Year of last Tetanus Shot _____________________

1. Does your child have any allergies? Describe
   Yes No

2. Does your child have any allergies to medicine? Describe
   Yes No

3. Does your child take any medication regularly? Describe
   Yes No

4. Does your child have any physical limitations? Describe
   (asthma, diabetes, *etc.*)? Yes No

Special instructions in addition to above which might be helpful to physician (rare blood type, contact lens wearer, *etc.*)

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______________________________________ ___________________________________

Parent or Guardian Signature **Date**
(Must be Acknowledged by Notary Public)

STATE OF _________________ COUNTY OF _______________

SUBSCRIBED AND SWORN TO before me, by the said __________________________ on this the ______ day of _______________, ___2025__.

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NOTARY PUBLIC STATE OF TENNESSE

Name: ______________________________________

My Commission Expires: __________________________

[NOTARY SEAL HERE]