

ANNUAL STUDENT MINISTRY  
MEDICAL INFORMATION & RELEASE FORM

<b>STUDENT INFORMATION</b> (Please Print All Responses)
Student Name:
Relationship:
Address:
City, State, Zip:
Home Phone:
Date of Birth:
SSN:
<b>PARENT/GUARDIAN INFORMATION</b>
Name:
Address:
City, State, Zip:
Best Phone: No:
<b>EMERGENCY CONTACT INFORMATION (IF PARENT CANNOT BE REACHED)</b>
Name:
Address:
City, State, Zip:
Best Phone No:
<b>MEDICAL INFORMATION</b>
Doctor's Name:
Office Phone:
Hospital Preference:
<b>INSURANCE INFORMATION (ATTACH A COPY OF INSURANCE CARD, FRONT AND BACK)</b>
Insurance Company:
Group Number:
Group Name:

<b>HEALTH HISTORY</b>
Please list any special medical conditions: _____ _____ _____
Date of last Tetanus Shot: _____
Medications to be taken (Please list with directions. You may use back of page if additional space is needed.): _____ _____ _____
Please list any medicine or food allergies (You may use back of page if additional space is needed.): _____ _____ _____
May be given as necessary:
Aspirin      Yes ____ No ____
Tylenol      Yes ____ No ____
Ibuprofen    Yes ____ No ____
Any Specific Activities:
Encouraged _____
Discouraged _____
I hereby give consent in advance to the designated Youth Leaders of Rockwood First Baptist Church and the physicians or hospitals to render first aid treatment or deny treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens, and x -rays, giving blood transfusions, and medications, anesthesia, and surgery for my dependent listed above.
I understand that the Youth Leaders of Rockwood First Baptist Church will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.
I release all Members, staff, and youth leaders affiliated with Rockwood First Baptist Church from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences causing injury to any person or property.
Parent/Guardian Signature: _____

**TRANSPORTATION RELEASE**

Applies to students only

I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle.

Initial \_\_\_\_\_

**WATER ACTIVITES RELEASE**

Applies to students only

I give permission for my youth to participate in any and all youth sponsored water activities including swimming and boating in a church, rental, or private vehicles.

Initial \_\_\_\_\_

**DISCIPLINE RELEASE**

Applies to students only

In the event of misconduct, I authorize the staff to send my student home at my expense.

Initial \_\_\_\_\_

**INSURANCE RELEASE**

Applies to all traveling

I realize the church insurance begins where the individual health and accident policy terminates. It is only valid when all other insurance has been extended to its limits.

Initial \_\_\_\_\_

**PERSONAL BELONGINGS RELEASE**

Applies to all traveling

I realize that the church or its sponsors are not responsible for personal belongings.

Initial \_\_\_\_\_

**GENERAL RELEASE**

Applies to all traveling

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, it's officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

I, \_\_\_\_\_, being the legal guardian of \_\_\_\_\_ give my permission for him/her to participate in church sponsored activities.

Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

On the \_\_\_\_ day of , 20\_\_, before me, \_\_\_\_\_, Notary

Public, personally appeared \_\_\_\_\_

\_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing is true and correct.

Witness my hand and official seal.

Notary signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Seal: