



# Medical Release Form—2018

Valid from January 1-December 31, 2018

All information must be provided and form completed and notarized. Please print clearly.

## Student/Chaperone Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Sex:  Male  Female Grade \_\_\_\_\_ School \_\_\_\_\_ Your Cell # \_\_\_\_\_

## Parent/Guardian (or Spouse) Information:

Name(s) \_\_\_\_\_  
Father (spouse) Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_  
Father (spouse) Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_  
Person to contact in the case of an emergency \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone #(s) \_\_\_\_\_

## Insurance Information:

Do you have medical insurance?  Yes  No

Current copy of the insurance card (front & back) MUST be attached. If insurance changes, you must submit a new copy.

Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

If this student should require medical attention for injuries received or illnesses contracted prior to an event or activity, please provide us with the necessary information to give him or her proper medical care during his/her participation with the student ministry.

## Health History:

Please list any pre-existing or present medical conditions: \_\_\_\_\_

Names & dosage of current prescription medications: \_\_\_\_\_

Allergies/Severe Reactions (please check & list below):  Drugs  Food  Other

Activity/Dietary Restrictions: \_\_\_\_\_

My child may be given the following medications as needed:  Tylenol  Ibuprofen  Imodium  
 Mylanta  Pepto Bismol  Benadryl Cream

★ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Student/Chaperone Information:

The above stated minor has permission to travel with First Baptist Church, Columbia, TN, or attend all Church Activities from January 1-December 31, 2018. While I understand that the Church will take all reasonable steps to provide individual care and safety to my child, I am aware that the Church or their employees or agents cannot assume any responsibility for injury, damage, or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my child to participate, I agree that full responsibility will remain with me as parent or guardian of my child. Should any claim be asserted by any person as the result of the acts of my child while participating in the course of activities provided by the Church, or traveling to or from such activity, or should my child assert any claim against the Church or its employees or agents, I agree to indemnify and hold the Church harmless from any liability including attorney fees and costs incurred by the Church in defense thereof. I further authorize medical treatment of my child in the event of illness or injury sustained in my absence while my child participates in the course of activities provided by the Church.

★ \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires