



Please select your campus:

- Ave South Station Hill
- Brentwood West Franklin
- Lockeland Woodbine
- Nolensville

BRENTWOOD BAPTIST CHURCH-ALL CAMPUS
ADULT VOLUNTEER MEDICAL RELEASE FORM

Information, Release Forms & Agreements

Mandatory for travel during 2018

Participant Information:

Legal Name (First, Middle, Last) _____ Preferred name: _____

Date of Birth: ___/___/___ Male Female

Address _____

City _____ State _____ Zip _____ Email Address _____

Emergency Contact Information

Name _____ Relationship to Participant _____

Home Phone _____ Cell Phone _____ Other _____

(Please check preferred contact number)

Email Address _____

Emergency Contact (in case we cannot reach the above)

Name _____ Relationship to Participant _____

Home Phone _____ Cell Phone _____ Other _____

(Please check preferred contact number)

Email Address _____

Medical Information:

*In the unlikely event that we would have to transport you to the hospital, we need all medical information possible. We will keep these on file in the student ministry office for the 2018 calendar year. **You will be responsible to notify us if your insurance information changes.***

Family Physician _____ Phone Number _____

Medical Insurance Company _____ Policy/Group Number _____

Food Allergies (please name) _____

Drug Allergies (please name) _____

Please initial: _____ A copy of the participants health insurance card (front and back) is attached.

Check the following AREAS OF CONCERN for this participant. If necessary, add another page with details.

Does you suffer from, or have you ever experienced, or are treated you currently for any of the following:

- Asthma/ Breathing/Respiratory Issues Physical Limitations* Epilepsy / Seizure Disorder Cardiac Issues Diabetes
- Frequently Upset Stomach/Ulcers Other _____

***Additional Information Required**

EpiPen (Note: Another form must be filled out for all participants who have an EpiPen. Please contact the Student Office.)

Have you had any major illnesses or injuries during the last year? Yes No

If yes, please explain:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form.

Permissions and Releases:

I give my permission to travel with Brentwood Baptist Church (all campuses) or attend all student activities from January 1, 2018 through December 31, 2018. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of involvement.

_____Leader initials

This consent form gives permission to seek medical attention as deemed necessary, and releases the Church and its staff of any liability against personal losses of the individual named here. In the event that I am injured and require the attention of a medical provider, I consent to any reasonable medical treatment as deemed necessary by a licensed provider. In such an event where treatment is required, from a provider and/or hospital personnel designated by the Church, I agree to hold such person(s) free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

_____Leader initials

I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the individual named above. I also agree to obtain transportation home at my own expense should I become ill or if deemed necessary by the student ministries staff member.

_____Leader initials

I will adhere to the Leader Guidelines and Covenant of Brentwood Baptist Church Student Ministry.

_____Leader initials

I also give permission to Student Ministries to photograph and/or video myself for the promotional purposes of Student Ministries.

_____Leader initials

Signed: _____ Date: _____

Student Office Use Only: ___Snowball ___Anvil ___Mission615
___Beach Camp ___Chicago ___Vancouver ___Fall Retreat ___Other _____