



Please select your campus:

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

# BRENTWOOD BAPTIST CHURCH-ALL CAMPUS MEDICAL RELEASE FORM

Information, Release Forms & Agreements

Mandatory for travel during 2018

(Please initial): \_\_\_\_\_ A copy of the participant's health insurance card (**front and back**) is attached.

### Participant Information:

Legal Name (First, Middle, Last) \_\_\_\_\_ Preferred name: \_\_\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Graduating Class of 20 \_\_\_\_\_  Male  Female  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

### Parent/Guardian & Emergency Contact Information: Please circle preferred contact numbers.

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_  
 Email Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_  
 Email Address \_\_\_\_\_

### Emergency Contact (in case we cannot reach the above)

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Parents or Guardians, please initial on the line by each medication you give permission for us to dispense to your child (upon request) from our emergency supply box. For any medications you initial, you will not have to send a supply of that particular medication.

Ibuprofen (Advil or Motrin)     Acetaminophen (Tylenol)     Allergy (Claritin, Benadryl)

Please initial:

\_\_\_\_ I understand that this is for **over the counter medication only**. Should my child have other medication, the medication and its instructions will be turned into the nurse upon registration on the departure day.

\_\_\_\_ I understand that if my child begins a medication after this form is turned in changing the information provided above, it is my responsibility to update paperwork on file in the Student Ministry Office and alert them of these changes.

### Medical Information:

*In the unlikely event that we would have to transport your child 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) \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_ -- \_\_\_\_ (Please initial) \_\_\_\_\_ All immunizations are up to date

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

Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- Asthma/ Breathing/Respiratory Issues     Physical Limitations\*     Epilepsy / Seizure Disorder     Cardiac Issues     Behavioral\*
- 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.)

Has the participant had any major illnesses or injuries during the last year?    Yes    No    If yes, please explain:

Should this the participant's activities be restricted for any reason?    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 your child is 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. **Medications and dosages must be listed on the Medication Form and turned into the nurse for each event upon student check-in.***

**Participant Agreement: Please initial next to each section.**

     **CELL PHONES** will be allowed on student events. However, if a cell phone becomes a distraction, we will collect it and it will be returned at the end of the event. The Student Ministry and Brentwood Baptist Church (including its campuses) are NOT responsible for the well-being of your student's phone. This includes the phone being left, lost or damaged in any way.

     **NO Portable Electronic Devices:** To encourage conversation and community-building, please leave these devices (including personal computers, gaming devices, etc.) at home. If these devices are brought, they will be collected and returned at the end of the event.

     **THE BIG 3** Any student who brings drugs, alcohol, or any type of weapon will be immediately sent home. In addition, anyone who fights, threatens the safety of others, or fails to comply with event rules will be subject to removal from the event.

     **DISPLAYS OF AFFECTION** between girls and guys are inappropriate unless married and will not be tolerated!

     **ROOMS ARE PRIVATE.** No Girls in Guys rooms / No Guys in Girls rooms.

     **"BIG 5" Group Proverbs:**

- Show Respect!
- Listen!
- Be Flexible!
- Have a Good Attitude!
- Be where you're supposed to be, when you're supposed to be there, doing what you're supposed to be doing!

I agree to abide by the stated personal limitations and code of conduct.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permissions and Releases:**

By signing below, the participant (and parent/guardian if the participant is a minor) acknowledges that \_\_\_\_\_ has permission to travel with Brentwood Baptist Church (all campuses) or attend all student activities from January 1, 2018 through December 31, 2018.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we 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 my/our child's involvement.

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 named child. In the event that he/she is injured and requires the attention of a medical provider, I/we 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/we agree to hold such person(s) free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I/We 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/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member

I/We also give permission to Student Ministries to photograph and/or video tape my child for the promotional purposes of Student Ministries and/or Brentwood Baptist Church.

**This section must be completed and notarized before submission:**

By signing below, I am agreeing that the information provided above is correct and true to the best of my knowledge.

Name (Print) \_\_\_\_\_ Name (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF TENNESSEE

COUNTY OF \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally appeared

\_\_\_\_\_, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person (or person's) free act and deed.

Please place notary seal below:

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

\_\_\_\_\_  
Commission Expiration

**Student Office Use Only:** \_\_Snowball \_\_Anvil \_\_Mission615 \_\_Beach Camp \_\_Chicago \_\_Vancouver \_\_Fall Retreat \_\_Other \_\_\_\_\_