

Crestview Student Ministry 2025
STUDENT INFORMATION & MEDICAL
RELEASE FORM

Phone (512) 863-6576 Fax (512) 930-1037
peoplesharingjesus.com/students/

Crestview Baptist Church
Georgetown, TX

josh@peoplesharingjesus.com
corey@peoplesharingjesus.com

Name of Student: _____
Last First Middle Name Used

Birth Date: ____ / ____ / ____ Age: ____ Current Grade: ____ Gender: M F Shirt Size: ____

Address: _____

Street City Zip Home Phone: (____) _____

Cell Phone: (____) _____

E-mail: _____

Mother/Legal Guardian: _____

Mother's Cell Phone: (____) _____ Business Phone: (____) _____

E-mail: _____

Father/Legal Guardian: _____

Father's Cell Phone: (____) _____ Business Phone: (____) _____

E-mail: _____

If parent/legal guardian not available during an emergency, notify:

Name: _____ Relationship to Student: _____

Home Phone: (____) _____ Additional Number: (____) _____

In the event of an accident or special health needs, it will be necessary to have the requested information. Please provide thorough and accurate medical information.

MEDICAL INFORMATION:

Family Physician: _____

Address: _____ Phone: (____) _____

Please list any allergies: _____

Does student have any medical /health problems, any recurring illness or illnesses that would have any effect on participation in any activities? If so, please list: _____

My student may be allowed to be given to take the following over-the-counter

medication(s):

Medication: _____

Purpose (e.g. allergies, asthma, antibiotic) _____

Dosage (amount to be given): _____ How often or at what time: _____

Please See Back of Form

Remarks or special instructions: _____

My Student has year-round prescription medications and they are:

Medication: _____

Purpose (e.g. allergies, asthma, antibiotic) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions:

Medication: _____

Purpose (e.g. allergies, asthma, antibiotic) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions:

STUDENT INFO / MED REL 2025

MEDICAL INSURANCE INFORMATION:

Insurance Company: _____ Plan

or Group #: _____ Ins/ Co. Phone: (_____) _____

Name of Policy Holder: _____

(It is recommended that you attach a photocopy of your family medical insurance card.)

I understand that Crestview Baptist Church, Georgetown, TX carries limited medical or hospitalization coverage in the event of an accident. I also understand that in the event that this student needs medical attention while in route to or while participating in a CBC Student Ministry sponsored function, by signing below I give permission for the Crestview Baptist Church Student Ministry Department of Georgetown, Texas adult sponsors to seek any necessary medical attention. I understand that I will be notified as soon as reasonably possible in such a case.

Furthermore, I will not hold Crestview Baptist Church, Georgetown, Texas or its adult sponsors liable for any accident that the above named student may incur while attending a CBC Student Ministry activity. I understand that, in some cases, students may travel in the private vehicles of adult sponsors due to transportation shortages. All driving sponsors will be at least 21 years of age and possess a valid Texas Drivers License. I understand that it is my responsibility to notify the Student Minister and the above named student if I do not want the student riding in a private vehicle.

To the best of my knowledge, I have accurately completed the above form in good faith. My student has permission to participate in Crestview Student Ministry activities. I will notify the Student Ministry office of any address, telephone, emergency or insurance changes, if applicable, if and when changes occur.

Signature of Parent /Guardian: _____ Date: _____

I hereby give Crestview Baptist Church, Georgetown, TX permission to publish any or all pictures and/or videos of my son/daughter as a participant in their activities.

Signature of Parent /Guardian: _____ Date: _____