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## Student Medical Release Form

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex (M/F) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Gardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Secondary contact to notify in event of emergency: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_ Their phone: (\_\_\_\_) \_\_\_\_\_

Please supply ALL of the following information. Attach a copy of your insurance card.

Medical Insurance Co.: \_\_\_\_\_ Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

Co. address: \_\_\_\_\_ Co. phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions  
(Allergic to certain meds, rare blood type, wears contact lenses, etc.):

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List ALL medications taken on a regular basis:

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List all operations/serious injuries and dates within the past 5 years

\_\_\_\_\_  
\_\_\_\_\_

**The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.**

**Emergency Authorization-** I hereby give permission to medical personnel selected by the participant's sponsor/his designee to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the participant's sponsor/his designee staff to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Tippett's Chapel Free Will Baptist Church, its directors, employees, or agents from liability associated with participation in activities.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**I, \_\_\_\_\_, understand and agree to abide with the restrictions placed on my activities by my parent/guardian.**

\_\_\_\_\_  
**Signature of Student/Participant**

The following is to be completed by the notary witnessing parent/guardian's signature.

The state of \_\_\_\_\_ the county of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_

Know to me (or proved to me on the oath of \_\_\_\_\_)

To be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of office this

\_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
Print name of Notary Public here

My Commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.