students

Medical Release 2025-2026

Student Name:_____

Address: _____ City: _____ State:_____ Zip: _____

Student Cell Phone Number: _____ Grade: _____ Age: _____

Date of Birth: _____ Gender: M or F

Guardian Name: _____ Guardian Phone Number: _____

Emergency Contact Name and Phone:

_____

I. MINOR CHILDREN

I, _____, the parent or legal guardian of _____
(here after referred to as "minor") a minor, hereby acknowledge that the Minor is presently under my care and custody. I give permission for the Minor to go to and participate in activities with Calvary Baptist Church of Knoxville, TN (here after referred to as "Church") including those activities requiring transportation to other locations.

The Minor is voluntarily participating in these activities, including transportation to and from such activities, with my full knowledge of the dangers involved and hereby we agree to accept any and all risks of injury of such participation and transportation. In the unlikely event of an emergency necessitating medical or surgical attention, I consent to and give my permission to the Church, its representatives, or trip leaders to make decisions to perform medical treatments and/or surgery upon the Minor, which may, in their sole discretion, be necessary and proper under the circumstances. I understand that I will be financially responsible for any part of the cost of any medical treatments and/or surgery, which may be deemed necessary for the Minor to the extent not paid by insurance. I consent to and give my permission to the Church, its representatives, or trip leaders to administer over the counter and prescribed medications as need/directed by parent and/or guardian of the Minor. I, the undersigned parent and/or guardian of the Minor, do release, discharge, and agree to hold the Church and its representatives, or trip leaders harmless, from any and all claims, actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by the Minor during activities with the Church.

Signature of Parent and/or Guardian: _____
Date: _____

II. ALL PARTICIPANTS (to be completed by ALL participants)

I, the undersigned, have read the above Medical Release form including the waiver and do agree to the same terms. I release, discharge, and agree to hold the Church and its representatives, or trip leaders harmless, from any and all claims, actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by or for me during activities with the Church.

Signature of Participant: _____
Date: _____

III. MEDICAL INFORMATION (to be completed by ALL participants)

Insurance Company: _____

Policy Number: _____ Group Number: _____

Policy Holder Name: _____

Primary Doctor's Name and Phone: _____

List any physical limitations which might hinder participation in activities (allergies, asthma, migraines, etc.):

_____

_____

_____

_____

List any medications (and doses) which are taken regularly:

_____

_____

_____

_____

List any special information needed, should medical treatment be required (rare blood types, drug allergies, diabetes, missing organs, high blood pressure, etc.):

_____

_____

For your information, we expect each student to conform to these rules of conduct:

- **No possession or use of alcohol, drugs, or tobacco**
- **No fighting, weapons, fireworks, lighters, or explosives.**
- **No offensive or immodest clothing**
- **No boys in girls' sleeping quarters and no girls in boys' sleeping quarters**
- **Participation with the group is expected**
- **Respect property**
- **Respect one another, staff, and adult leaders**
- **Respect and comply with event schedules**

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____