

**BBC Maryville 2015
Medical Release Form**

TO: Parents or Guardians

RE: Emergency Medical Treatment

Please print clearly and complete the entire form below, read the guidelines and return to BBC

Name of Student: _____ D.O.B _____

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

Physical Address (if different from above): _____

() Male () Female Grade _____ (Spring '15) School: _____

Parent's Home Phone: _____ Work: _____

Cell: _____ Other: _____

In case of emergency notify: _____ Phone: _____

Insurance Company: _____

Claims Mailed To: _____

Policy or I.D. Number: _____

Family Physician: _____ Phone: _____

Currently Taking medications? (list all including vitamins) _____

Last Tetanus Shot: ____/____/____ List all allergies: _____

Permission to give: Advil Tylenol Aspirin

Special instructions regarding student: _____

(Student's Name) _____ may participate in all Broadway Baptist Church events from January 2015 through December 2015. As a parent or guardian, I authorize an adult Leader or John Yorio to make legal decisions, medical decisions, or otherwise, concerning said minor during the time of the student ministry event. I also agree that I will immediately notify the Student Ministry Office, in writing, of any changes to the information above, medical or otherwise. I hereby release Broadway Baptist Church and its sponsors of any legal responsibilities and Liability in the event of an accident or injury.

As a parent or guardian I have carefully and truthfully provided all the information requested and give my permission for my child to participate in student events in 2015.

Both my child and I have read and understand that he/she will be subject to all the rules, regulations and policies outlined in the Student Ministry Guidelines.

(Parent Signature) (date) (Student Signature) (date)