



T-Shirt Size: \_\_\_\_\_

**Medical Release Information**  
This form must be notarized and include a copy of your medical insurance card.

This form is valid from January 1, 20\_\_\_\_ to December 31, 20\_\_\_\_.

**Student Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Gender M / F

**Parent / Guardian Information**

Name(s) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone(\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_-\_\_\_\_ Other Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Insurance Information**

Do you have health insurance that covers this student? Yes/No Insurance Co \_\_\_\_\_  
Policy Number \_\_\_\_\_ Employee Insured-Name \_\_\_\_\_  
Group Number \_\_\_\_\_ Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

**Health History**

Please list any medications / allergies / dietary concerns or any other conditions that the church staff should be aware.

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

The above stated student has my permission to travel with Union Baptist Church, Union, Kentucky, or attend all student ministry activities from January 1 to December 31 of above stated year. While I understand that the church will take all reasonable steps to provide individual care and safety to my student, I am aware that the church, their employees, or chaperones cannot assume any responsibility for an injury, damage, or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my student to participate, I agree that full responsibility will remain with me as parent or guardian of my student. Should any claim be asserted by any person as the result of the acts of my student while participating in the course of activities provided by the church, or traveling to or from such activity, or should my student assert any claim against the church or its employees or chaperones, I agree to indemnify and hold the church harmless from any attorney fees and costs incurred by the church in defense thereof. I further authorize medical treatment of my student in the event of illness or injury sustained in my absence while my student participates in the course of activities provided by the church. I also give permission for Union Baptist Church to use my child's photo or video usage for church advertisement on the church website or Facebook page.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
My Commission Expires

**Remember to attach a copy of the front and back of your medical insurance card!**