



UNION BAPTIST CHURCH
STUDENT MINISTRY

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 SS# _____-____-____

Parent / Guardian Information

Name(s) _____ Home Phone (____) ____-____
Address _____ City _____ State _____ Zip _____
Work Phone(____) ____-____ Cell Phone(____) ____-____ Other (____) ____-____

Insurance Information

Do you have health insurance that covers this student? Yes / No Name of Company _____
Policy Number _____ Insurance Carrier (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, 2019 to December 31, 2019. 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!