



Lost 'n Found Student Ministry
Participant & Release Form



PARTICIPANT INFORMATION:

Full Name: _____ Date of Birth: ____/____/____ Age: _____
 Address: _____ City: _____ ST: ____ ZIP: _____
 Father's Name: _____ (Cell) _____ (Work) _____
 Mother's Name: _____ (Cell) _____ (Work) _____
 Family Physician: _____ Phone: _____
 Insurance Company: _____ Policy #: _____
 In case of an emergency notify: _____ Relationship to Participant: _____
 Name of Church: Ascension Baptist Other: _____
 Address: _____ City: _____ ST: ____ ZIP: _____

MEDICAL PROFILE: PLEASE FILL OUT COMPLETELY

Immunizations: (check all that apply) Date of last Tetanus shot _____ _____ Polio _____ Measles _____ Mumps _____ Other (list) _____ Medical History: (check & list where appropriate) Allergies: Food _____ Penicillin _____ Insect Sting/Bites _____ Poison Oak _____ Sumac _____ Ivy _____ Other: _____	Previous operations and/or serious illnesses: _____ _____ Diabetic _____ Insulin (kind & how often) _____ Asthmatic _____ Inhaler _____ Any current Medications: _____ Special diet (name) _____ Childhood Diseases (check all that apply) Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other: _____
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THIS INFORMATION IS VALID UNTIL DECEMBER 31, 2016

PERMISSION FOR MEDICAL TREATMENT, PHOTOGRAPH/VIDEO NOTICE, AND RELEASE:

I, the undersigned, do understand that as a participant, my student may be photographed or videotaped during normal event activities and these photos/videos may be used in promotional materials, such as church website.

I hereby give permission to the physician selected by an adult sponsor for Ascension Baptist Church to hospitalize and secure proper treatment (including surgery) for my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Ascension Baptist Church and chaperones from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in church activities and outings.

In the event of a change in the medical condition of my child, I will notify the Ascension Baptist Church, prior to my child's participating in future events. I understand I can revoke this medical release form at any time upon written notification to the church office.

Complete and sign below. **(Youth Under 18 Years of Age Requires Parent/Legal Guardian Signature)**

Participant's Signature _____ Date: ____/____/____

Parent/ Guardian Signature _____ Phone (_____) _____ Date ____/____/____

NOTARY ACKNOWLEDGEMENT:

State of _____ Parish/County of _____ Witness my hand this ____ day of _____, 20____.
 Personally appeared before me, _____, with Notary signature: _____
 whom I am personally acquainted/who acknowledged that he/she My commission expires _____
 executed the within instrument for the purposes therein contained