

# Student Medical Release Form 2018

Valley View Baptist Church 8820 Highway 69 South, Tuscaloosa, AL 35405

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone # (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

If not available, in an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Allergies, Disease, Illnesses, Operations, Physical Limitations (asthma, diabetes, etc.) Rare blood or Contact lenses

\_\_\_\_\_

Last Tetanus Shot \_\_\_\_\_ Currently prescribed medication \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Agency & Address \_\_\_\_\_

Phone \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In the event of medical emergency, if I nor the emergency contact above can be reached, I give authorization for medical treatment as determined by medical professionals. I hereby authorize the release of this information to any physician, hospital, or clinic as needed for medical care. I do not hold Valley View Baptist Church, staff or responsible parties liable for injuries, accidents, or illnesses incurred during any Student Ministry event. This form shall be kept on file and only be valid from January 1, 2018 through December 31, 2018. If any information on this form changes during this time period, I will complete a new form and turn it into the Student Ministry office. I understand that I am responsible for the expenses of my child's medical care and that my family insurance is primary. No other insurance is provided.

\*I give permission for my child to be photographed at any event and for those photos to be used in promoting the student ministry of Valley View Baptist Church.

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**The following MUST be signed in front of and completed by a Notary.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print full name** \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, a Notary Public in and for said State and County, do hereby certify that \_\_\_\_\_ personally appeared before me on this date and testify that the above statement is true and correct to the best of his/her knowledge.

Date this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

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