



NINEVAH
STUDENT MINISTRIES

1195 NINEVAH RD. LAWRENCEBURG KY 40342
502.859.5804

MEDICAL INFORMATION and RELEASE FORM

General Information

Child's Name: _____

Address- Street: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____

Father's Name: _____ Contact Phone#: (____) _____

Mother's Name: _____ Contact Phone#: (____) _____

Other Contact Name: _____ Contact Phone#: (____) _____

Medical Information

(MUST be filled out completely and signed by parent/guardian)

Medical Insurance Company Name: _____

Name of Policyholder: _____ Policy Number: _____

Is your child allergic to any medications? ()Yes or ()No

If Yes, List Name(s) of Medication(s): _____

Please list any other known allergies: _____

Please read carefully and sign below:

Medical Release

I grant Ninevah Christian Church, its staff, members, workers, and volunteers permission to seek medical treatment for my child in the event that he/she requires medical treatment while participating in any activity with Ninevah Christian Church.

Liability Release

I grant permission for my child to attend and participate in the planned activities at/with Ninevah Christian Church. I agree to release and hold harmless any staff, member, worker, and volunteer of Ninevah Christian Church who transports my child in any vehicle to a designated youth event.

Signature of

Parent/Guardian: _____ **Date:** _____