

## ABC Student Ministry Parent Permission/Medical Form

This permission & medical form gives the student named below permission to participate in the **Alaska Baptist Student Ministry events from September 2017 through August 31, 2018.**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Address (if different) \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Other Emergency Contact:

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

### **Medical Information:**

If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your youth is at the event.

Do you have medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Name of family doctor \_\_\_\_\_

If your student should require medical attention for any pre-existing or present conditions, please send us the necessary information to give them proper medical care during the event.

Name & dosage of any medication that must be taken \_\_\_\_\_

Any allergies? \_\_\_\_\_

Are there any other conditions not listed that we should be aware of that would assist us in taking good care of your student?

### **Permission Statement**

As parent/guardian of the above named student, I give my permission for my student to participate and ride in an approved ABC vehicle. I also acknowledge that if my student has to return home early for disciplinary actions, it will be at my expense.

### **Medical & Liability Release Statement**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the person listed on this form. In the event I cannot be reached in an emergency at the event, I hereby give my permission to the physician selected by the ministry leaders to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my student as deemed necessary.

I understand all reasonable safety procedures will be taken at all times by ABC Student Ministry and its leaders during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Student Ministries of Alaska Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries to my student.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_