



# Medical Release Form 2018-2019

## Bible Baptist Church

Name \_\_\_\_\_ Church \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*\*IN CASE OF EMERGENCY, NOTIFY ONE OF THE FOLLOWING IN THE ORDER LISTED\*\***

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Parent/Guardian Information

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Participant's Medical Profile and History

Please check this box if additional information is attached to this form

Generally, my student's health is (check one)  Excellent  Good  Fair  Poor

If fair or poor, please explain why

---

---

---

Check the following conditions or diseases that apply to your student:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> ADD/ADHD          | <input type="checkbox"/> Anemia              | <input type="checkbox"/> Anxiety Attacks   | <input type="checkbox"/> Asthma             |
| <input type="checkbox"/> Chronic Headaches | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Diagnosed Phobias | <input type="checkbox"/> Dizziness/Fainting |
| <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> GI/Stomach Disorder | <input type="checkbox"/> Heart Disorder    | <input type="checkbox"/> Hypoglycemia       |
| <input type="checkbox"/> Hypertension      | <input type="checkbox"/> Kidney Disorder     | <input type="checkbox"/> Meningitis        | <input type="checkbox"/> Migraines          |
| <input type="checkbox"/> Thyroid Disorder  | <input type="checkbox"/> Tuberculosis        |  |   |

Are there any other conditions or diseases that your student currently has or for which your student is receiving treatments? These may include psychological conditions as well as physical conditions. If so, please specify the condition and the treatment, if any, your student is receiving.

---

---

---

Please list all allergies that your student may have. These may include allergies to certain food, medication, insect bites or stings, pollen, plants, or animals.

---

---

---

---

Please describe any other special medical needs or conditions that your child may have. These may include significant hearing loss, sight or speech impairments, various physical disabilities, restricted diets, etc.

---

---

---

**INSURANCE CARD INFORMATION MUST BE COMPLETE!!!**

Participant's Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group #: \_\_\_\_\_

Employee Name (Parent or Guardian): \_\_\_\_\_

Claims Submission:

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # for eligibility/inquiries: \_\_\_\_\_

1. I, \_\_\_\_\_, acknowledge that I am the parent or guardian of \_\_\_\_\_, and unless I otherwise state in writing, I give permission for my student to participate in events and activities conducted, sponsored, and/or organized by Bible Baptist Church.

2. I hereby agree to hold Bible Baptist Church, including the Student Ministries office, it's employees, representatives and agents, harmless from and against any and all claims, demands, liabilities, actions, causes of action, damages and/or expenses of any nature and kind and without limitation, arising from personal injuries to my student or property damage either resulting directly or indirectly from my student's participation in events and activities. I acknowledge that I assume the risk of any and all personal injury or property damage that may occur to my student, that I will hold Bible Baptist Church completely and totally harmless concerning any such injury or damage, that I hereby waive any cause of action or right to cause of action that I might have against Bible Baptist Church for anything that might thereafter accrue as a result of such injury or damage, and that I have had an opportunity to review this waiver and ask any questions concerning its meaning or intent.

3. In the event my student is injured or becomes ill during Bible Baptist Church event, I grant permission for the adults in charge and/or the First Aid staff to obtain and/or provide for my student the necessary medical attention and treatment, including but not limited to emergency medical care provided by a hospital, medical clinic, or other health care provider.

4. I give permission for my student to be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials.

5. I verify that I have read this entire document, have had reasonable opportunity to ask questions concerning its application, understand its contents, and acknowledge that the various information provided throughout this document is accurate and complete. I further acknowledge and verify that I have full legal authority to execute this document and that there are no requirements, conditions, or obligations, legal or otherwise, which would require the consent or assent of any other person or entity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Certificate of Acknowledgment of Notary Public**

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

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

This document was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

Notary \_\_\_\_\_

Notary Public for the State of \_\_\_\_\_

My commission expires \_\_\_\_\_