



Activity Consent and Medical Release Form

Date ___/___/___

Student's Name _____ Age _____ Date of Birth _____

Address _____ City/St/Zip _____

Parent/Guardian _____ Phone () _____

Family Physician _____ Phone () _____

Family Insurance Provider _____ Policy # _____
(Please attach copy of insurance card)

Are immunizations current? (Especially tetanus) _____

Past Medical History (Check appropriate information):

____ Asthma ____ Sinusitis ____ Bronchitis ____ Kidney Trouble ____ Heart Trouble

____ Diabetes ____ Dizziness ____ Stomach Upset ____ Hay Fever _____ Other (Specify)

Allergies: (Please list specific allergy and treatment necessary)

Food _____

Penicillin or other drug (name) _____

Insect stings/bites _____

Other _____

Previous surgeries or serious illnesses: _____

Childhood Diseases: ____ Chicken Pox ____ Measles ____ Mumps

Special Diet: _____

Any current medications student is taking (list) _____

Please indicate medications that may be given to your student AS NEEDED per judgment of chaperones:

- | | | |
|-----------------------------------------------|-----------------------------------------------------------|--------------------------------------------------|
| <input type="radio"/> Tylenol (acetaminophen) | <input type="radio"/> Advil (ibuprofen) | <input type="radio"/> Aleve (naproxen sodium) |
| <input type="radio"/> Antacid (Rolaids, etc.) | <input type="radio"/> Cough Drops | <input type="radio"/> Benadryl (diphenhydramine) |
| <input type="radio"/> Pepto-Bismol | <input type="radio"/> Allergy Medication (Claritin, etc.) | |

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all activities conducted by Canopy Roads Baptist Church.

I further agree and will allow Canopy Roads Staff and Parents-in-charge to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all Canopy Roads staff, employees, and parents 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 Youth events. I assume full financial responsibility for and agree to pay all expenses relating to medical treatment.

I further agree that if my son or daughter creates a disciplinary problem necessitating early return from an event, I will be responsible for all related costs.

I understand and will allow photos and videos of my child to be taken while at events to be used in any Canopy Roads Baptist Church medium. I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication the church will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against the church from unconsented use, alteration, or republication of my photographs and video by third parties accessing the Internet/World Wide Web.

Parent Signature _____ Date _____

On this the _____ day of _____, 20____ ,

Personally appeared before me _____, personally known by me, and in my presence executed the foregoing information and release form.

Witness my hand and official seal this _____ day of _____, 20____.

Notary Public Signature _____

This release will expire every August.

SEAL

Canopy Roads Baptist Church

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