

# Steadfast Student Ministry

Chattahoochee Baptist Church

## Medical Release Form

(PLEASE FILL OUT THE FRONT AND BACK AND RETURN TO THE STUDENT PASTOR)

### General Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Female \_\_\_\_\_ Male

Father's Name \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone(     ) \_\_\_\_\_

Dad's Cell (     ) \_\_\_\_\_ Mom's Cell (     ) \_\_\_\_\_

Parent e-mail for event updates \_\_\_\_\_

### Secondary Emergency Contact Information (if parent/guardian *can not* be reached)

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

Daytime Phone (     ) \_\_\_\_\_

Night Time Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_

### Insurance Information

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

**(Please do not leave blank, if no coverage, please indicate)**

Name of primary insured \_\_\_\_\_

Policy Number \_\_\_\_\_ ID# \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

# Medical Information

Has your child had any of the following? (Check if YES)

- ( ) Recent illness                      ( ) Asthma                      ( ) Diabetes                      ( ) Immunity Disorder  
( ) Heart Condition                      ( ) Epilepsy/Seizures                      ( ) Dizziness/fainting                      ( ) Migraines  
( ) Frequent nose bleeds

Please list all medications, foods, insect bites/stings or other things that your child is allergic to?

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Is there any other medical concerns we need to be aware of \_\_\_\_\_

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Does your son/daughter take a prescription or non-prescription medication daily?                      YES                      NO

Medications \_\_\_\_\_

Can your son/daughter independently take the proper dosage of medication at the right times?                      YES                      NO

I give my child permission to administer his/her own medication \_\_\_\_\_

(Parent's Signature)

Do we have your permission to give your child Benadryl if needed                      YES                      NO

Do we have your permission to give your child Tylenol or Ibuprofen for pain if needed                      YES                      NO

For your child's safety and our knowledge, is your child a: ( ) good swimmer                      ( ) fair swimmer                      ( ) non swimmer

## Waiver Of Medical Liability

I, the undersigned parent/legal guardian of \_\_\_\_\_ hereby give my permission for his/her participation in the activity sponsored by Chattahoochee Baptist Church(\_\_\_\_\_\_). I acknowledge that there may be inherent risks in these activities, and do not hold Chattahoochee Baptist Church, the Student Pastor, staff, or volunteer chaperones liable for injury, loss or damage to persons or property.

In case of a medical emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the Chattahoochee Baptist Church Student Pastor and staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's wellbeing. I also agree to assume all legal and financial responsibility for the treatment of my child.

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Signature of Parent/Guardian

Date