

Steadfast Student Ministry

Chattahoochee Baptist Church

2011-2012 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: _____

Home Phone: () _____

Date of Birth: _____ Gender: _____ Female _____ Male

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Dad's Cell: () _____ Mom's Cell () _____

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

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 _____

Is there any other medical concerns we need to be aware of? _____

Does your son/daughter take a prescription or non-prescription medication daily? Yes No
If yes, please provide the following:

Medication/s _____

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

If the answer is no, please contact the Student Pastor to make appropriate arrangements.

I give my child permission to administer his/her own medications _____
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 _____ a fair swimmer
_____ a non swimmer

Waiver Of Medical Liability

I, the undersigned, parent/legal guardian of _____ hereby give my permission for his/her participation in the above activity sponsored by Chattahoochee Baptist Church. I acknowledge that there may be inherent risks in these activities, and I 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 well-being. I also agree to assume all legal and financial responsibility for the treatment of my child.

Signature of Parent/Guardian

Date