

STUDENT MEDICAL RELEASE FORM

Each student attending any of Second Baptist Church's scheduled events, (e.g., retreats, traveling in buses, conferences, camps, mission work, etc.) must complete this form, and provide a copy of their insurance card. **This form must be notarized in order to be valid.**

Name: _____ D.O.B: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Are you a member of Second Baptist Church? Yes No

In case of emergency, notify: _____ Tel: (____) _____

Physician: _____ Tel: (____) _____

Insurance Company: _____ Policy#: _____

Insurance Company Tel: (____) _____ Group#: _____

Check the boxes below to give the appropriate information.

Medical History:

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Kidney trouble | <input type="checkbox"/> Stomach upset |
| <input type="checkbox"/> Other: _____ | | | |

Allergies:

- Food: _____
- Penicillin or another drug (name): _____
- Insect stings/bites: _____
- Poison sumac, oak or ivy: _____

Immunizations:

- Tetanus/Date: _____ Polio Booster Measles Mumps
- Other: _____

I understand that it is my responsibility to adequately inform Second Baptist Church of any and all prescription drugs, allergies, asthma, diabetes, drug allergies, food allergies, and/or any other special medical instructions for the health and well-being of my child. (**Initials** _____)

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of sickness and/or injury. I understand that there are risks involved in taking part in recreational and other activities related to youth functions. (**Initials** _____)

Can student swim? Yes No If Yes, is he/she: Advanced Beginner

List below any previous operations or serious illnesses:

Do you have any other health information that Second Baptist Church should be aware of that was not covered in this document? Yes No If Yes, explain: _____

MEDICAL RELEASE:

I certify to my knowledge that my son or daughter has not been exposed to any contagious disease within the last 30 days. I certify any licensed medical doctor to x-ray or medically treat my child in any emergency. I understand that Second Baptist Church will not be held liable for any accidents while my son or daughter is at this function. I also understand that if my son or daughter needs to be sent home for any reason (e.g., illness, injury or disciplinary action), I will be contacted at the emergency number listed and I will be responsible for any and all expenses incurred. By signing this agreement, I give my permission for my son or daughter (student name) _____ to receive medical attention in the event of an emergency.

Signature of Parent/Guardian: _____ Date: _____

Alternate contact in case parent/guardian can't be reached:

Name of contact: _____ Relationship to student: _____

Phone numbers: Day (____) _____

Night (____) _____

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT:

My name is (parent/guardian) _____ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge Second Baptist Church, its agents, servants, and employees, and all persons, natural or corporate, in privities with them or any of them, from any and all claims or causes of action of any kind whatsoever including, but not limited to, actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by (student name) _____ while participating in any Student Ministry activity, including travel to and from such activities, resulting from the negligence or lack of care due or claims to be due to the conduct of any agent, servant, or employee of Second Baptist Church, for any and all activities from January 1 to December 31, 2020.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

MEDIA DISCLAIMER

I, the undersigned, hereby consent to the use of any visual or audio representation in which I, and/or my child, may appear in by Second Baptist Church, including but not limited to, videos, photographs, interviews, quotes, and other forms of social media. I understand that these materials are being used for promotion of Second Baptist Church, which includes promotional, recruitment and fundraising efforts.

I release Second Baptist Church from any liability connected with the use of my, or my child's picture or voice recordings as part of any promotional, recruitment, or fundraising programs.

Signature of Parent or Guardian: _____ Date: _____

Student Signature (if over 18): _____ Date: _____

NOTARIZATION:

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2020

by _____
(parent/guardian)

(Notary seal)

(Notary signature)