

Secona Baptist Church Student Ministries

2016 MEDICAL RELEASE FORM

Please complete this form for all 2016 student activities. If any changes need to be made, please submit a new form.

General Information

Name: _____ DOB: _____ Grade: _____

Address: _____ School/Work: _____

City/State/Zip: _____ Home Phone: _____

Parent(s) Name: _____ Parent Work Phone: _____

Cell Phone: _____ Parent Cell Phone: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Other Phone: _____

Medical Information

Family Physician: _____ Phone: _____

Insurance Company: _____ Group No.: _____

Member's Name: _____ Insurance Co. Phone: _____

List any medical difficulties which are currently being treated: _____

Check any of the following that cause you problems and explain:

- | | | | |
|-------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Sinusitis |

Please explain below if you checked any of the above allergies or conditions:

Previous Surgeries or Serious Illnesses: _____

Medications you are currently taking: _____

Special Diet or special needs: _____

_____ Date of Last Tetanus Shot: _____

Swimming Restrictions: ___ Yes ___ No Please explain: _____

Activity Restrictions: ___ Yes ___ No Please explain: _____

Medical and Surgical Waiver

I am the parent and/or legal guardian of _____ and herby acknowledge that he/she is under my care, custody, and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the Secona Baptist Church staff, its representatives, sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstance. I, the undersigned parent and legal guardian of above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Secona Baptist Church or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches

I also assume financial responsibility for any damage my child may cause and for providing transportation home should it become necessary for disciplinary reasons.

I also give permission to the Secona Baptist Church staff, its representatives, and the adult sponsors and chaperones to search my child's personal belongings, including but not limited to too all luggage, purses, and backpacks, if deemed necessary to security reasons.

Insurance Charges

I also understand that it is my responsibility to notify the church of any changes in my insurance information.

Photo Disclaimer

By signing this form, you give permission to allow your student's photograph to be taken while participating in any SBC program or event. These photos may be used in slideshows and promotional and informational purposes including display on the SBC website. Please notify SBC in writing if you object to your student being photographed.

Sick Child Policy

If your child is running a fever, vomiting, or sick in any way while on a retreat/mission trip, you must make arrangements to get your student. This is to protect other children.

Signature of Parent/Guardian: _____ Date: _____