



SECONA STUDENT MINISTRY

*Please complete this Medical Release Form for September 2019 – August 2020 student activities. Please make sure an updated front/back copy of your insurance card is on file. If any changes need to be made, please submit a new form.*

**General Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_ School/Grade: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 1 Cell Phone: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Parent 2 Cell Phone: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

**Alternate Emergency Contact Information**

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Medical Information** (A front/back copy of your insurance card is required)

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:

Allergies                       Diabetes                       Food Allergies                       Kidney Trouble

Asthma                       Dizziness                       Frequent Colds                       Upset Stomach

Bronchitis                       Epilepsy                       Heart Trouble                       Other

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 Waiver, Surgical Waiver, and Insurance Changes**

I am the parent and/or legal guardian of \_\_\_\_\_ and hereby 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 student listed above which may in their sole discretion be necessary and proper under the circumstance. I, the undersigned parent and/or legal guardian of the 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.

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

**Personal Property Searches, Property Damage, and Transportation for Disciplinary Reasons**

I 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, all luggage, purses, and backpacks, if deemed necessary for security reasons. I assume financial responsibility for any damage my child may cause and for providing transportation home should it become necessary for disciplinary reasons. A student dismissed for a disciplinary reason will not receive any refund associated with the activity.

**Transportation, Food, and Lodging**

I give permission to Secona to provide any necessary transportation, as well as food and lodging. In the event of an automobile accident, I do not hold Secona or any of its representative drivers liable.

**Photo Disclaimer**

I understand that my child's image may be photographed or filmed and used in Secona's video presentations, printed publications, and/or social media platforms.

**Sick Child Policy**

In order to protect other students, if my child is running a fever, vomiting, or sick in any way while on an event/trip, I must make arrangements to get my student.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_