

# **Joelton Youth Ministry**

## **Student Medical Release Form 2020-21**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Do you have any special health information that First Baptist Church Joelton should be aware of?

Yes  No If so, explain: \_\_\_\_\_

### **MEDICAL HISTORY – IMMUNIZATIONS**

\_\_\_\_\_ Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles/Mumps

Other: \_\_\_\_\_

### **CHECK BOX BELOW TO GIVE APPROPRIATE INFORMATION:**

Asthma  Sinusitis  Bronchitis  Kidney trouble  Diabetes

Heart trouble  Dizziness  Stomach upset  Hay fever  Other

List other: \_\_\_\_\_

**ALLERGIES:** Food: \_\_\_\_\_

Penicillin or other drug name: \_\_\_\_\_

Insect sting/bites: \_\_\_\_\_

Poison sumac, oak, ivy: \_\_\_\_\_

**MEDICAL RELEASE:**

I, \_\_\_\_\_(Parent/guardian), give the adult sponsors of First Baptist Church Joelton the authority to provide or sign for medical treatment for \_\_\_\_\_  
\_\_\_\_\_ (student name).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF LIABILITY:**

**I, as parent/guardian, give permission for the above listed student to attend the Youth Ministry of First Baptist Church Joelton and activities pertaining to the ministry of the church including social outings after church on Sundays and Wednesdays. I do not hold First Baptist Church Joelton liable for any injuries, accidents, or illnesses incurred during participation in this ministry. I understand that I am responsible for the expenses of my child's medical care and that my family insurance is primary.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian)

Print Full name: \_\_\_\_\_  
(parent/guardian)

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_