

**Newfound Baptist Church Student Ministry  
Medical Release  
for 2013/2014**

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Business Phone \_\_\_\_\_ Other \_\_\_\_\_

Parent (Legal Guardian) \_\_\_\_\_ Phone \_\_\_\_\_ Other \_\_\_\_\_

In Case of Emergency notify \_\_\_\_\_ Phone \_\_\_\_\_ Other \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**Health History & Information**

Date of last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are other immunizations current? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Asthma (Does the student need to keep the inhaler to use as needed? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Allergies - list: \_\_\_\_\_

\_\_\_\_ Insect Stings/Bites \_\_\_\_ Diabetes \_\_\_\_ Kidney Trouble \_\_\_\_ Heart Trouble \_\_\_\_\_ Other

\_\_\_\_ Medications - list: \_\_\_\_\_

\_\_\_\_ Restricted Diet - explain: \_\_\_\_\_

**Permission for Treatment**

I am aware that \_\_\_\_\_'s participation in all youth related activities through **January, 31<sup>st</sup>, 2014** could involve the risk of injury to my child to participate in church sponsored activities, I hereby agree to let my child participate and to hold Newfound Baptist Church harmless from any and all liability actions, courses of action, debts, claims, or demands, of any kind and nature whatsoever which may arise by or in connection with my child participating in any activities. Because of the risks involved, I will encourage my child to follow the instructions of the supervising adults. My permission is granted for supervising adults to obtain medical and surgical treatment as may be needed in the judgment of the treating physician for my child by a physician chosen by the church chaperone. I am signing this of my own free will.

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