Newfound Baptist Church Student Ministry Medical Release for 2014/2015

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 & Informati	on
Asthma (Does the student need to	Are other immunizations current? o keep the inhaler to use as needed? Yes	
Insect Stings/Bites Dial	betes Kidney Trouble He	
Restricted Diet - explain:		

Permission for Treatment

I am aware that ______''s participation in all youth related activities through **January**, **31**st, **2015** 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:
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