

2019 Youth Ministry Medical Release Form

Name: _____ Home Phone: _____

Address: _____

City: _____ Zip: _____

Sex: Male Female Birth Date: _____ Grade for 2017-2019 year: _____

Name(s) of Parent(s) or Guardian(s) : _____

Parent(s) or Guardian(s) Work Phone: _____ Cell: _____

Parent's Email Address: _____

Student's Email Address: _____

Student's Cell Phone: _____

Emergency Contact if parents can not be reached : _____

Emergency Contact's Phone: _____

_____ has my permission to attend all church sponsored youth events with the Eleventh Street Baptist Church (Upland, CA) between the date that this form is signed to the date of 12/31/19.

Signature: _____ Date: _____

Witness: _____ Date: _____

Medical Information

1. Has this student had any of the following? (Check if YES)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Recent illness | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Unexplained weight loss |
| <input type="checkbox"/> Immunity disorder | <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Dizziness/fainting | <input type="checkbox"/> Ear, nose, throat problems |
| <input type="checkbox"/> Allergies – if yes please list : _____ | | | |

2. Immunizations : Date of last Tetanus shot _____
Other Immunizations up to date? [] Yes [] No

3. List any medications this student will need to take while at the events: _____

NOTE : All medications (prescription and non prescription) must be checked in to a counselor at each event. A counselor will administer all medications according to parents and/or Doctor's instructions.

4. List any instructions for the administering of the student's medication: _____

5. Restrictions: Any swimming restrictions? Yes No (circle)
Other activity restrictions? Yes No (circle)
Give details on the reverse side

6. Medical Insurance: Company _____
Policy Number: _____ Group Number: _____

7. Treatment authorization: With the understanding that due care for the health and safety of all participants will be exercised, Eleventh Street Baptist Church will not be held responsible in the event of any illness or accidental injury. I also authorize and direct the youth leaders to secure the services of properly qualified medical personnel to perform any necessary medical or surgical procedure for my child in the event of any illness or injury, with the understanding that every reasonable effort will be made to contact me before such action is taken. I also agree to assume all legal and financial responsibility for the treatment of my child.

Signature: _____ Date: _____

Parent _____ Legal Guardian _____ (check one)

Witness: _____ Date: _____