

# 2023 Youth Ministry Medical Release Form

## Contact Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Sex: Male Female Birth Date: \_\_\_\_\_ Grade for 2022-2023 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: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact if parents can not be reached : \_\_\_\_\_

Emergency Contact's Phone: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend all church sponsored youth events with the 11th Street Baptist Church (Upland, CA) between the date that this form is signed to the date of 12/31/23.

☆ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photo Release:** I hereby grant 11<sup>th</sup> Street Baptist Church the ability to use and store my, and my student's, name and image during these activities. These images may be used in printed, electronic or website publications created by or for the church.

☆ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Medical Information

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

( ) Asthma ( ) Diabetes ( ) Heart Condition ( ) Epilepsy/Seizures ( ) Other: \_\_\_\_\_

( ) Allergies – if yes please list : \_\_\_\_\_

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

3. List any medications this student will need to take while at any of 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(circle): Any swimming restrictions? **Yes No** Other activity restrictions? **Yes No**  
Give details on the reverse side

6. Medical Insurance: Company \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

7. Treatment authorization and Liability Waiver: 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. I also understand an inherent risk of exposure to illness exists in any public place where people are present. I acknowledge my voluntary compliance with all precautions 11<sup>th</sup> Street Baptist Church may take if regional or global recommendations necessitate this. I also further acknowledge my responsibility in making a wise decision on whether to attend (or allow my student to attend) these events – and that no one should attend if exhibiting symptoms of a contagious illness.

☆ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Self \_\_\_\_\_ (check one)

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_