

Medical Release for Emmanuel Baptist Church Youth Activities



Name: _____ D.O.B. _____ M ___ or F ___ Phone: _____

Address: _____ City: _____ State _____ Zip _____

Emergency Contact

Parent/Guardian _____ Address (if different from Student) _____

City _____ State _____ Zip _____ Phone _____

Insurance Info

Health insurance ___ Yes ___ No Policy Holder _____ Insurance company _____

Address _____ City _____ State _____ Zip _____ Phone _____

Policy Number _____ Group Number _____

Health History

Family Doctor _____ City _____ Phone _____

Pre-existing or present medical conditions: _____

Name and dosage of any medications the MUST be taken: _____

Any Allergies _____

Details of reactions if possible: _____ Date of last tetanus _____

Any swimming restrictions _____

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader or Youth Pastor to hospitalize, or secure medical treatment for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I understand all reasonable safety precautions will be taken at all times by the Emmanuel Baptist Church Youth Ministries and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Emmanuel Baptist Church Youth Ministries, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature

_____ Date: _____

_____ Date: _____