

Student Medical Release Form

Bradfordville First Baptist Church Youth Ministry

Name _____ Age/DOB _____

Parent/Guardian Name(s) _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

_____ Cell Phone _____ Work Phone _____

Emergency Notification _____ Phone _____

Physician _____ Phone _____

Insurance Company* _____ Policy # _____

Medical History *(check any below that may apply)*

- Asthma Sinusitis Bronchitis Kidney trouble Heart trouble Stomach upset
 Dizziness Diabetes Hay fever Other

List Other _____

Date of last tetanus shot _____

Allergies

Food _____

Penicillin or other drug *(name)* _____

Insect sting/bites, Poison sumac/oak/ivy _____

Do you have any other special health information that we should be aware of? Yes _____ No _____

If yes, explain _____

Medical Release *(must be signed in the presence of a Notary)*

I, _____ *(parent/guardian)*, give the adult workers with the youth of Bradfordville First Baptist the authority to provide and/or sign for medical treatment for _____ *(student)*.

Signed _____

Date _____

Liability Release *(must be signed in the presence of a Notary)*

I have given permission for _____ *(student)* to participate in the activities of the youth group of Bradfordville First Baptist Church. I further agree to release Bradfordville First Baptist Church and its workers from any liability in the event of any injuries, accidents, or illnesses incurred during these activities.

*** Please attach a copy of your insurance card, if possible.*

State of Florida, County of _____
This instrument was acknowledged before me
this _____ day of _____, 20____ by
_____.

Notary Public (Seal)
____ personally known to me
____ who produced identification _____

Signed _____

Date _____