

Student Medical Release Form

Each student attending any or all Istrouma Baptist Church scheduled events, ie. (retreats, conferences, camp, Disciple Now, special events) must complete form.

NOTE: Form must be notarized to be kept on file with the Student Ministry office.

Name: _____ Date of Birth: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone #: _____

Are you a Member of Istrouma Baptist Church? Yes No

Physician: _____ Tel: (____) _____

Insurance Company: _____ Policy #: _____

Insurance Company Tel: (____) _____ Group #: _____

Do you have any special health information that Istrouma Baptist Church should be aware of? Yes No

If so, please explain: _____

MEDICAL HISTORY:

Immunizations: Tetanus /Date _____ Polio Booster Measles Mumps
Other: _____

CHECK BOX BELOW IF YOU HAVE EXPERIENCED...

- | | | | | |
|--|------------------------------------|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Kidney trouble | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Stomach upset | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other | | |

(List other): _____

Medicines taken on a regular basis (including all prescriptions):

Allergies: Food: _____

Penicillin or other drug (name): _____

Insect stings/bites: _____

Poison sumac, oak, or ivy: _____

Previous operations or serious illnesses: _____

Can student swim? Yes No Advanced Beginner

MEDICAL RELEASE:

In the event of an emergency, I hereby give permission to the physician selected by ISTROUMA BAPTIST CHURCH to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to my son or daughter. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of sickness and/or injury. I further understand that ISTROUMA BAPTIST CHURCH will not be held liable for any accidents while my son or daughter attends this function. I also understand that if my son or daughter needs to be sent home for any reason (i.e. illness, injury, or disciplinary), I will be contacted at one of the numbers below and I will be responsible for any and all expenses incurred.

Signature of Parent/Guardian: _____ Date: _____

Emergency phone # where I can be reached: Day: _____

Night: _____

Alternate Emergency Contact:

Name: _____ Day: _____

Night: _____

Release of Liability and Hold Harmless Agreement:

My name is (parent's name) _____ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge ISTROUMA BAPTIST CHURCH, its agents, servants, and employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by (student's name) _____ while participating in any Student Ministry activity, or activities, (including travel to and from such activities) resulting from the negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of ISTROUMA BAPTIST CHURCH, for any and all activities from January 1, 2012 to December 31, 2012.

Signature of Parent/Guardian: _____ Date: _____

THIS STATEMENT MUST BE NOTARIZED!

The following is to be completed by the notary witnessing parent/guardian's signature.

Before me, a Notary Public, on this day personally appeared (parent's name) _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, A.D. 2012.

Notary Public, Signature

My commission expires the _____ day of _____, A.D. _____.