

**2010 Impact Student Ministries
Parkhill Baptist Church
Medical Release Form**

Student Name: _____ Date of Birth: _____

Address: _____

Town: _____ State: _____ Zip: _____ Phone: _____

Gender: _____ Height: _____ Weight: _____ Social Security #: _____

Emergency Contact Person

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Address if different from above: _____

Town: _____ State: _____ Zip: _____

Alternate Emergency Contact (If primary cannot be reached)

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Address if different from above: _____

Town: _____ State: _____ Zip: _____

If you have medical insurance, your carrier may be billed for medical charges in the case of illness or injury while your child is at the activity. Do you have health insurance? ___ Yes ___ No

Name of Insurance Co: _____

Policy Number: _____ Group: _____

Name policy is in: _____ Family Doctor: _____

Own Doctor: _____ Phone: _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Health History:

Current or preexisting conditions: _____

Major illnesses during past year: _____

Current medications: (include name and dosage) _____

Allergies: _____

Type of reaction and usual treatment for such a reaction: _____

Date of last tetanus shot: _____ Contact Lenses: _____

Swimming Restrictions: _____

Activity Restrictions: _____

Parental Medical and liability release statement:

I understand that in the event medical Intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event that I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/order an injection, anesthesia, or surgery for my child as deemed necessary

I understand all reasonable safety precautions will be taken at all times by Parkhill Baptist Church and it's 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 Impact Student Ministries/Parkhill Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

Parent/Guardian Signature: _____ Date: _____

Signature of Student (if over 18 years): _____