

Broadway Baptist Church - Innerstate Student Ministry
Medical Release and Permission Form

This form is valid for the calendar year 2019.

A Current, signed copy of this form must be on file with the Student Ministry office in order
for the student to participate in church-related activities.

***It is the responsibility of the parent or guardian to contact BBC Student ministry office with
any changes or updates to the information requested on this form.***

Student Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Information:

Parent/Guardian: _____ Cell Phone: _____

Parent/Guardian: _____ Cell Phone: _____

Family Physician: _____ Phone: _____

Insurance Information: *(attach copy of insurance card)*

Company: _____ Medicare/Medicaid #: _____

Group Policy #: _____ Personal ID #: _____

Student Medical History: *(Please check any of the following areas that are a concern for your student.)*

Allergic to: ☐ Food/Nuts _____ ☐ Medications _____ ☐ Insect bites/stings

Suffers from: ☐ Asthma ☐ Epilepsy/Seizures ☐ ADD/ADHD

Medications being taken/dosage/frequency: _____

Swimming: ☐ Good swimmer ☐ Fair swimmer ☐ Does not swim ☐ Afraid of water

Student wears: ☐ Glasses ☐ Contacts ☐ Hearing Aids ☐ Braces/Retainer

Special dietary needs: _____

Date of last Tetanus shot: _____ Date of last Flu shot: _____

Please state any additional health, emotional or other conditions of which we should be aware:

As a parent or legal guardian of the above-named student, I have read and agree to the following:

☐ **Parental Authorization:** I hereby grant my permission for my child to participate in activities and trips with Broadway Baptist Church (BBC) and I understand that neither BBC nor any staff or volunteers can be held liable for any damages, losses or injuries to the person or properties of my child.

☐ **Medical Release:** In the event I cannot respond in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment and to order tests, injections, anesthesia or surgery as deemed necessary for my child while in the care of BBC.

☐ **Media Release:** I give permission to BBC, its staff, and volunteers, to use any images, videos and recordings of my child in print, video, digital and internet social media.

Parent Signature: _____ Date: _____