



MEDICAL AND PERMISSION FORM

Student's Name _____ Date of Birth ___/___/___ School Grade _____

Parent(s)/Guardian(s): _____ Work/cell Phone (____)____-_____

_____ Work/cell Phone (____)____-_____

Student's Home Address _____

City _____ State _____ ZIP _____

If parents/guardians cannot be reached in case of emergency, notify:

Emergency Contact _____ Phone (____)____-_____

Doctor _____ City _____ Phone (____)____-_____

HEALTH HISTORY:

Allergies: ___ Insect stings ___ Meds (_____) ___ Other allergies (_____)

Other Medical Conditions: _____

Please give details (i.e., include normal treatment of allergic reactions): _____

Name(s) and dosage(s) of any medication(s) that must be taken: _____

INSURANCE INFORMATION:

Do you have health insurance? ___ Yes (*Please make a copy of your insurance card and attach it to this form.*) ___ No

Name of Insurance Provider: _____ Provider Phone (____)____-_____

Policy Number: _____

Claims Address: _____

STATEMENT OF RELEASE:

Every student ministry activity sponsored by this church is carefully planned and supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. **By signing this form, the parent or guardian agrees that his/her child has permission to participate in student ministry activities, and the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related activities/transportation.** He or she agrees not to hold Immanuel Bible Church or its employees or volunteers liable for damages, losses, or injuries to the person named above. He or she also understands that the signature below is for both a medical and liability release. He or she also agrees that Immanuel Bible Church may use photographs of child (name will not be used) for publicity, including Web content.

"In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by Immanuel Bible Church staff and/or volunteers to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for the person named above, as deemed necessary. I also agree to accept full financial responsibility for the cost of such treatment."

Parent/Guardian Signature _____ Date ___/___/___