

Nettleton Baptist Church Student Ministry  
Medical Release – January 2019-December 2019

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies (including Food Allergies) \_\_\_\_\_

*I, undersigned, give my permission for the above named student to participate in Nettleton Baptist Church activities. I authorize those in charge to take whatever steps are necessary to administer emergency first aid and/or medical treatment. I also consent to x-rays, anesthetic and/or the administration of drugs or medicine upon the advice of a duly licensed physician or surgeon, in the event I cannot be reached. As a guest or member of Nettleton Baptist Church, I, the undersigned assume full responsibility for any and all injuries or damages which may occur and I fully and forever discharge Nettleton Baptist Church from any and all claims, damages, demands and rights of action.*

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be signed by a parent or legal guardian if student is under the age of 18)