

Nettleton Baptist Church Student Ministry
Medical Release – January 2020-December 2020

Name: _____ Age: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____

Parent's Name: _____

Parent's 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)