

# Summerville Baptist Student Ministry

## Permission and Medical Release Form

PARTICIPANT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER \_\_\_\_\_  
ACTIVITY \_\_\_\_\_ START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

I grant my permission for my son/daughter to participate fully in student ministry activities which Summerville Baptist (hereinafter referred to as "the church") is sponsoring or in which it is participating. Further, permission is hereby given to the church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for my son/daughter. I also grant permission to the church leadership to seek a doctor or qualified person to provide emergency medical treatment to the above named student in the event he/she is ill or injured while participating in or traveling to and from any church activity. I do hereby authorize and consent to any reasonable medical treatment as deemed necessary by a licensed physician. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable. It is also understood that effort will be made to reach his/her emergency contact, prior to rendering treatment, but that any of the above treatment will not be withheld if the emergency contact cannot be reached.

I understand the nature of all church events and do hereby hold harmless Summerville Baptist Church, its staff and representatives, and any other entities, their staff and representatives that are involved for any particular event, from any liability for accidents or injury sustained by my child in conjunction with student ministry activities.

### MEDICAL INFORMATION

(A front and back copy of your medical insurance card is required)

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Participant's Social Security Number (if no insurance): \_\_\_\_\_

Known Medication and/or Food Allergies: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Past Surgeries: \_\_\_\_\_

Current Medications and Dosages: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Staff members/volunteers have permission to administer as needed : ☐ Tylenol ☐ Motrin ☐ Imodium  
☐ Advil ☐ Antacids ☐ Cough Drops

\*By signing below you are agreeing that you and your son/daughter understand what is acceptable behavior. Behavior determined unacceptable by the student minister could result in forfeiting participation in future trips and/or being sent home from this trip/activity at your expense.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of an emergency, I can be reached at the following phone numbers:

Mother's Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Father's Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Alternative Contact Person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_