

Yellow Creek Baptist Church Student Ministry 2011 Medical Release/Permission Form

PERSONAL INFORMATION		
NAME: _____	DOB: _____	GRADE: _____
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
HOME PHONE: ()	CELL PHONE: ()	EMERGENCY PHONE: ()
HEALTH HISTORY		
Please answer the following questions by placing a check in the appropriate box.		
Is your youth...	“yes”	“no”
Allergic to any medications?	<input type="checkbox"/>	<input type="checkbox"/>
Presently taking any medications?	<input type="checkbox"/>	<input type="checkbox"/>
Allergic to bee stings?	<input type="checkbox"/>	<input type="checkbox"/>
Has your youth...		
• Had a tetanus shot in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____		
• Ever been restricted from physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, why? _____		
(If necessary you may use the back of this sheet for additional space)		
INSURANCE INFORMATION		
INSURANCE COMPANY: _____		
NAME OF INSURED: _____	FAMILY PLAN? YES or NO	
POLICY NUMBER: _____		
INSURANCE COMPANY CONTACT INFORMATION:		
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
PHONE: () - -		

AGREEMENT / PERMISSION / RELEASE STATEMENT:

By signing below and having this form notarized, I certify that I am the legal parent/guardian of the person whose name is stated above. I further give my permission for said child to attend any camp, retreat, event, or trip sponsored by the Yellow Creek Baptist Church of Owensboro, Kentucky from January 1, 2011 to December 31, 2011.

I authorize any adult counselor provided by said church to act on my behalf in having my child treated at a Doctor's Office, Hospital, Emergency Room and/or any other licensed medical treatment facility in the event of an emergency and I cannot be reached. I further hold harmless and indemnify Yellow Creek Baptist Church, its' staff, chaperones, counselors, employees and agents, for any liability sustained by said church as the result of an accident willfully engaged in by said participant. I also realize that the said church's insurance is a "secondary payment" to my Major Medical Insurance Plan.

Furthermore, I agree to cover expenses related to property damage my child my cause accidentally or willfully. I will also cover travel expenses to return my child home if it becomes necessary due to discipline and/or medical problems and deemed necessary by said staff, chaperone, counselor, employee or agent of Yellow Creek Baptist Church. I also acknowledge that there will be no refunds made when cancellation occurs after the registration deadline, which is two weeks prior to the event unless otherwise noted in writing, advertising and/or church publications.

PARENTAL SIGNATURE: _____ DATE: _____

NOTARY PUBLIC: _____

COMMISSION EXPIRATION DATE: _____

Affix
Seal
Here