

**STUDENT MINISTRY  
MEDICAL RELEASE 2009**



NAME OF STUDENT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL GRADE: \_\_\_\_\_  
If summer, last grade completed

MOTHER'S FULL (including Maiden) NAME: \_\_\_\_\_

PLACE OF EMPLOYMENT & PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ E-Mail: \_\_\_\_\_ SS# \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_

PLACE OF EMPLOYMENT & PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ E-Mail: \_\_\_\_\_ SS# \_\_\_\_\_

If there are any special circumstances involving parents/stepparents, please check here and give details on reverse.

**PLEASE ATTACH A COPY (FRONT & BACK) OF YOUR INSURANCE CARD:**

INSURANCE COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

POLICY #: \_\_\_\_\_

**SPECIAL INSTRUCTIONS REGARDING MEDICATION, ALLERGIES, OR UNUSUAL MEDICAL HISTORY OR LIMITATIONS OF ANY KIND:**

**IMPORTANT!!! READ AND SIGN "IN PRESENCE" OF NOTARY**

First Baptist Church carries medical payment and liability insurance to cover expenses that would relate to a bus accident. We also carry liability that covers the legal liability of the church for an accident. FBC assumes NO FINANCIAL RESPONSIBILITY for medical expenses resulting from personal accidents or illness. FBC does not carry medical reimbursement insurance.

I accept financial responsibility for the well being of the above named person and authorize the group sponsor to seek needed medical help. I also authorize the attending physician to provide any needed medical treatment. I hereby waive any claim for damages for personal injuries or loss of property not caused by negligence of the church or its agents or employees.

Date: \_\_\_\_\_ Signed (Parent or Guardian): \_\_\_\_\_

Subscribed and sworn to before me, in my presence, this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_, a Notary Public in and for the county of Rankin, state of Mississippi.

\_\_\_\_\_  
Notary Public

My commission expires: