

Five Forks Baptist Church Student Ministries

112 Batesville Rd Simpsonville, SC 29681 (864) 288-9455

PERMISSION/MEDICAL RELEASE FORM

STUDENT INFORMATION

Student's Full Name: (Please Print)

Please Attach
A Recent Photo

Birth Date: ____/____/____ Age: ____

Home Address:

City: _____ State: _____ Zip: _____

Student's Cell Phone: (____) _____

Height: _____ feet _____ inches

Weight: _____

Hair Color: _____

Eye Color: _____

PERSON TO NOTIFY

Mother: _____ Home _____ Cell _____

Employer & Phone: _____ Work Phone _____

Father: _____ Home _____ Cell _____

Employer & Phone: _____ Work Phone _____

If Parents are unable to be reached contact: _____

Home _____ Cell _____

MEDICAL INFORMATION

Date of Student's Last Tetanus Shot: ____/____/____

Allergies (Food, Drugs, Etc.):

General Medical History:

Currently on any prescription drugs or medication? ____ Yes ____ No

If Yes, what? _____

INSURANCE INFORMATION

Please Attach a copy of your insurance card

Insurance Company or Group:

Insurance Company Address:

Policy #:

Group #:

In whose name is the insurance?

Insurance Company Phone #:

PERMISSION/MEDICAL RELEASE AGREEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact, immediately, the persons listed on this form. In the event that I am unavailable for purposes of providing parental consent, I, the undersigned parent or guardian of _____, a minor, do hereby authorize adult workers with the Student Ministry of Five Forks Baptist Church, of Simpsonville, South Carolina, to consent to any examination, x-ray, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or other medical center. I hereby authorize the physician (s) and staff of a licensed hospital or other medical facility to provide such hospital care that includes diagnostic procedures and medical treatment as necessary to my minor son or daughter while participating with Five Forks Baptist Church. I, the undersigned, do hereby verify that all information on this form, front and back, is correct and I do hereby release all adult group leaders from any and all claims, demands, actions or cause of action, past, present, or future arising from any damage or injury while participating with Five Forks Baptist Church of Simpsonville, SC on a church sponsored outing or trip.

SIGNED: _____ Relation: _____

(If student is over 18 years of age)

Signature of Student: _____ Date: ____/____/____

WITNESS/NOTARY

The above parent/guardian appeared before me and in my presence executed the within and foregoing permission and medical release form.

Witness my hand and official seal this _____ day of _____, _____

My commission expires: ____/____/____

SIGNED: _____ Date: _____