MEDICAL RELEASE FORM

08-09'

Effective dates: June 1st 08' to June 1st 09'

Name of Student_____ ☐ **Male** ☐ **Female**
LAST FIRST MIDDLE

Date of Birth _____/_____/_____ **Age**_____ **Year in school** _____
MONTH DAY YEAR

Address:_____

Email _____**Home Phone:** (____)_____**Cell Phone:** (_____)_____

Emergency Contact Person _____**Phone:** _____

Name of Insurance Company _____**Policy #**_____

Physician Name _____ **Phone:** _____

Please list any medical allergies, medications being taken, medical problems or other pertinent information.

_____

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to Bethabara Student Ministry or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. I agree to be responsible for the costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization, and will not hold Bethabara Baptist Church liable.

Signed: _____**Relation to Student**_____**Date**:_____

WAIVER OF LIABILITY STATEMENT

I, the parent or legal guardian of the child listed below, release Bethabara Student Ministries, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the activity listed below. I also give my permission for the youth pastor and Bethabara Student Ministries to use photos taken of my child at church related events for promotional purposes (e.g., website, posters, signs, slideshows, videos, etc.)

If a dispute over this agreement arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Name of Youth Participant _____

Signed _____ **Relation to Student** _____ **Date**_____