

SUMMIT STUDENT MINISTRIES

MEDICAL RELEASE FORM

Please complete one form **per student**. All forms **MUST BE NOTARIZED**.

Please complete in black or blue ink to ensure legibility.

Student's Full Name _____

Student's Address _____

City/State/Zip _____

Student's birth date _____ Age _____ Student's SSN _____ - _____ - _____

Student's Primary Physician _____ Physician's Phone _____

Parent(s)/Legal Guardian(s) Name _____

Address _____

City/State/Zip _____

Employer _____

Daytime Phone Number (_____) _____ - _____ Eve. Phone Number (_____) _____ - _____

Cell Phone Number (_____) _____ - _____ Pager Number (_____) _____ - _____

Is the student currently taking any kind of medication? _____

If so, please list the medication and frequency it is to be taken: _____

Is the student allergic to any kind of medication? _____

If so, please list what kind of medications they're allergic to: _____

What is the date of the student's last tetanus shot? Month _____ Day _____ Year _____

Please list any other known allergies: _____

Please list any and all medical conditions your student has, such as: diabetes, asthma, heart problems, migraine headaches, epilepsy, sinus trouble, or any other known medical problem including communicable diseases: _____

If your student experiences a headache, what "over the counter" medication may we give them? _____

If your student experiences an upset stomach, what "over the counter" medication may we give them? _____

EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency; I hereby give permission to Ridgedale Baptist Church staff and volunteer workers who are with my child to provide and obtain medical assistance for my child. I also give permission to the Medical Personnel selected to secure proper treatment for my child. This medical release form is valid for one year from date of signing when completed properly and notarized.

Parent/Legal Guardian Signature: _____

Insurance Company: _____

Policy Number: _____

If I can't be reached, please notify: _____ Relation: _____

Phone: (_____) _____ - _____

***It is the parent(s) and/or legal guardian(s) responsibility to complete new forms and return to the youth pastor as soon as possible if any of the above information changes.**

State of Tennessee

County of _____

Personally appeared before me, _____ with whom I am personally acquainted and who acknowledged that he/she is the parent of the above said child.

Sworn to and subscribed before me this _____ day of _____, 2010.

My commission expires _____

Notary Signature