



MEDICAL RELEASE FORM

Student's Name: _____ Parent's Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Other Phone: _____

GENERAL RULES: Alcohol, illegal drugs, or tobacco products of any kind will not be permitted. Any immoral sexual behavior is not permitted. Verbal or physical abuse will not be tolerated. Any person caught in violation of these rules will be sent home at their own expense and will not be given a refund.

YOUTH: I, _____, have read and understand the rules stated above. With my signature, I acknowledge that I have discussed the rules with my parents and together we have agreed that I will abide by these rules and also agree to the above mentioned penalties if I should break the rules. I also agree to abide by any other rules set forth by the sponsors of Staples Mill Road Baptist Church and all other sponsors involved.

(signature of youth) (date)

PARENT: I, _____, the undersigned parent or person having legal custody or the legal guardian of the above named minor give permission for the above named minor to participate in the _____ and do hereby authorize Danny Panter or any sponsor appointed by Danny Panter to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the state they practice in. In giving this consent I recognize and understand that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, in such situations I will not be able to knowledgeably evaluate and chose among the available alternative treatments or procedures, if any, or to evaluate the risk attenuate upon each, and the risk attenuate to forgoing all treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risk incident to and chose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health or safety of the above named minor. I also agree to reimburse any expenses not covered by the church's insurance. I will not hold the church or any of the workers responsible for any illness or injury to my child.

*I agree to provide transportation back home for my youth if he or she is found in violation of any of the rules listed above.

(signature of parent or legal guardian) (date)

MEDICAL INFORMATION

Name of Medical Insurance Company _____ Policy Number _____

Date of last tetanus shot _____

Any health problems, limitations, etc.? _____

Any allergies, or medicines, drugs, or shots person is allergic to: _____

Is the youth bringing any medication on the trip? (Be sure medications are labeled as to the contents and youth's name) _____

If yes, give name of medication(s) and directions for administering _____

Person(s) to notify in the event of serious illness or injury:

Name _____ Address _____
City _____ State _____
Home Phone _____ Business Phone _____
Other phone where someone may be reached _____