

# EMMANUEL STUDENT MINISTRY RELEASE FORM

T-Shirt Size: **XS S M L XL XXL**

EVENT: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Phone Number(s): \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_ Policy No.: \_\_\_\_\_

## MEDICAL INFORMATION:

Medications currently taking: \_\_\_\_\_

Medicine Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Allergic to bee stings: Y N In case of sting, what action should be taken: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Is the student subject to: Fainting Spells Heart Trouble Epilepsy Diabetic

Has appendix been removed: Y N

Can the student swim? Y N Beginner Advanced

Does this student have any physical problems that would hinder him/her from entering our full-program activities? What?

## **GENERAL RELEASE**

As the participant, parent and/or guardian \*if under age 18 years of age) of said member, I hereby acknowledge that he/she is presently under my care, custody and control. In the even there arises any emergency, needing medical attention, I hereby consent and give my permission to Emmanuel Baptist Church, or it's representatives, or any attending physicians, to make such decisions and to perform such medical treatment, which may in their sole discretion by necessary and proper under the circumstances. As the participant, parent and/or guardian of said member, I hereby do release, acquit, discharge to hold harmless the Emmanuel Baptist Church or it's representatives or any attending physician, from any and all actions, damages, or liabilities arising out of the treatment of any sickness or accident incurred by the above said participant during time away while on any church activities. \*PLEASE NOTE: I give Emmanuel Baptist Church Student Ministry the right to use video or still shot photography of my student in any appropriate promotional or publicity use.

Signature of Parent/Guardian

Date

Signature of Witness

Date