## NORTHSIDE BAPTIST CHURCH MEDICAL/LIABILITY RELEASE Student Ministry

(Please Print Clearly)		Todays Date: Grade		
Name				
Address				
City	State	Zip		
Phone Number	Pare	ent's Email		
D.O.B	Age	Male	Female	
EMERGENCY CONTAC	T INFORMATION			
Father's name		Cell Phone		
Mother's name	Cell Phone			
Alternate Contact Person	on (Someone near the pri	mary contact)		
Name		Relationship	)	
Address				
City	State	Zip		
Home Number				
Work Number		Cell		
If you have medical ins injury while you or you	urance, your carrier will b r child is at the activity.	e billed for medio	cal charges in the case	of illness or
Do you have health insur	ance? Yes No			
Name of Insurance Comp	cany			
Policy Number	Group Number			-
In Whose Name is the In	surance			
Family Doctor	Social Security #			
Phone Number	Attach cop	y of front and back	<mark>k of your Insurance Card</mark>	
If you or your child should	d require medical attention	for injuries receive	d or illness contracted	

If you or your child should require medical attention for injuries received or illness contracted prior to activity, please send us the necessary information to give proper medical care during the ministry activity.

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## **Health History** Pre-existing or present medical conditions Name and Dosage of any medication that must be taken Any allergies? \_\_\_\_\_ To medications\_\_\_\_ Year of last Tetanus Shot \_\_\_\_\_ Contact Lenses \_\_\_\_\_ Any swimming or activity restrictions? Yes No If so, What? MEDICAL RELEASE STATEMENT I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery as deemed necessary. I understand that my insurance coverage will be used, as primary coverage in the event medical intervention is needed. I understand all reasonable safety precautions will be taken at all times by Northside Baptist Church and its volunteers during its activity. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. Lagree not to hold Northside Baptist Church and its leaders, and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form. Attach copy of front and back of your Insurance Card. \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Signature (if participant is a minor) Print Your Name Print Student's Name \_\_\_\_\_ Date: \_\_\_\_ Signature of Participant (if 18 years or over ) LIABILITY RELEASE STATEMENT I, the undersigned, hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear by Northside Baptist Church. I understand that these materials are being used for the promotion of the ministry of Northside Baptist Church, which includes recruitment and fund-raising efforts. I release Northside Baptist Church from any liability connected with the use of my picture or voice recording as part of any promotional, and recruitment purposes. \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Signature (if participant is a minor)

\_\_\_\_\_ Date: \_\_\_\_

Signature of Participant (if 18 years or over )

## **NORTHSIDE BAPTIST CHURCH MEDICAL/LIABILITY RELEASE**

For your information, we expect each student to conform to these "Rules of Conduct."

No possession or use of alcohol, drugs, or tobacco

No possession or use of weapons, fireworks, lighters, or explosives

No offensive or immodest clothing as defined in our student ministry dress code brochure

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

Participation with the group is necessary and expected

Respect property of others

Respect one another and adult leaders

Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

Please have your student(s) read the rules of conduct.