



CALVARY
BAPTIST CHURCH

Student Annual Emergency Medical Release Form

This form is valid from January 1 through December 31, 2018.

Personal Information:

Student's Name: _____

SS# XXX-XX-_____ DOB: ___/___/___ Age: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information:

Parent/Guardian: _____

Home Phone: (____) _____ Work Phone: (____) _____

Secondary Contact: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

Insurance Information

Please attach a copy of your insurance card to this form.

Insurance Company: _____ Group #: _____ Policy #: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Company Address: _____

Insurance Company Phone #: (____) _____

Personal Medical Information:

Physician's Name: _____ Phone: (____) _____

Personal Physical Limitations (asthma, diabetes, allergies, etc.), and/or special instructions (allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis and/or any you will take to an event. (Prescription meds MUST have a pharmacy label and name of doctor.)

List all operations/serious injuries and dates within the past five (5) years:

Date of last tetanus shot: _____

Parental Consent and Release:

I, the parent or legal guardian of _____, do hereby give authority to any adult over 21 years of age who represents Calvary Baptist Church on a trip or retreat with Calvary Baptist Church to approve any medical or first aid treatment of said minor in the event of emergency due to sickness or accident while said minor is with the church activity. Any treatment would be with my full consent. This consent and release will be in effect for 2018.

I understand that Calvary Baptist Church or its representatives on this trip will not be held responsible for any accident or sickness while participating in Calvary Baptist Church events.

Signature of Parent/Guardian: _____ Date: _____

The following should be completed by the notary witnessing the parent/guardian's signature.

The State of Mississippi, the County of Lee. Before me, a Notary Public, on this day personally appeared _____ known to me (or approved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of this office this _____ day of _____, A.D. _____.

Notary Public, Signature _____

My commission expires the _____ day of _____, A.D. _____.