

# Medical Release Form



Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## EMERGENCY INFORMATION

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

***In an emergency when parent/guardian cannot be reached, please contact the following:***

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I give permission for the above named participant to participate in the youth programs of Ironbridge Baptist Church's Student Ministry. I consent to Chris Palmer or a leader designated by him to obtain and consent to any medical and/or surgical needs of my child based on urgent need: understanding effort to contact me or other emergency contacts will be made but is not a prerequisite to urgent medical care. I accept full financial responsibility for my child's participation during these activities including any costs that may arise due to medical treatment of my child. I also consent to having read **the bridge's** guidelines for conduct and made the named participant aware of them. I do release, discharge and exonerate Ironbridge Baptist Church of Chester, Virginia, and all persons acting as chaperones or sponsors on trip-related activities from all liability whatsoever, except where persons have been grossly negligent, resulting in the personal injury to the above minor or damage to property of the minor which may occur on a trip or in connection therewith. I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily. In signing, I admit to having authority to sign for the named participant and recognize the authority of this contract.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_