

Student Ministries

STUDENT INFORMATION RECORD
SEPTEMBER 2006 - - AUGUST 2008

MEDICAL INFO RELEASE

Name(s) _____ Birthday _____ Grade _____ M / F
_____ Birthday _____ Grade _____ M / F
_____ Birthday _____ Grade _____ M / F

Address _____
City _____ State _____ Zip _____
Phone _____

Parents' Names _____ Phone _____
Employed by _____ Phone _____
_____ Phone _____
Emergency Contact _____ Phone _____

Please list any medical allergies, medications being taken, medical problems, or other information:

Date of last Tetanus shot _____
Name of Insurance Company _____
Group # _____ Policy # _____
Other comments _____

I assume full responsibility for my child while in attendance at Youth Activities at Chelten Baptist Church. By doing so, I release Chelten Baptist Church and its agents and employees from any liability for injuries incurred by my child. I understand that, in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. I also give permission for my child to ride in Chelten vans/vehicals.

Signed _____ Date _____
(Parent or Guardian)

**A copy of this release can be used as if it were an original. **
Expires 8/31/08