

# Rooftop Youth Ministries Student Medical Release Form - 2012

Bradfordville - First Baptist Church Youth Ministry  
Associate Youth Minister - Halie Trammell

NAME \_\_\_\_\_ AGE/DOB \_\_\_\_\_

PARENT/GUARDIAN NAME(s) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

\_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY NOTIFICATION \_\_\_\_\_ TEL. \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ TEL. \_\_\_\_\_

INSURANCE COMPANY\* \_\_\_\_\_ POLICY # \_\_\_\_\_

## MEDICAL HISTORY

### CHECK ANY BELOW THAT MAY APPLY

- |                                    |  |                                     |   |
|------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Sinusitis     | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Kidney trouble |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Dizziness  | <input type="checkbox"/> Stomach upset  |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Other         |                                     |   |

(list other) \_\_\_\_\_

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

## ALLERGIES

Food \_\_\_\_\_

Penicillin or other drug (name) \_\_\_\_\_

Insect sting/bites \_\_\_\_\_

Poison sumac, oak, ivy \_\_\_\_\_

Do you have any other special health information that we should be aware of? Yes No  
If yes, explain \_\_\_\_\_

## MEDICAL RELEASE (must be signed in the presence of a Notary)

I, \_\_\_\_\_ (parent/guardian), give the adult workers with the youth of Bradfordville First Baptist Church the authority to provide and/or sign for medical treatment for \_\_\_\_\_ (student name).

Signed \_\_\_\_\_ Date \_\_\_\_\_

## LIABILITY RELEASE (must be signed in the presence of a Notary)

I have given permission for my son/daughter \_\_\_\_\_ to participate in the activities of the youth group of Bradfordville First Baptist Church. I further agree to release Bradfordville First Baptist Church and its workers from any liability in the event of any injuries, accidents, or illnesses incurred during these activities.

Signed \_\_\_\_\_

Date \_\_\_\_\_

\* Please attach a copy of your insurance card, if possible.

State of Florida  
County of \_\_\_\_\_  
This instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2011 by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
(Seal)  
\_\_\_\_ personally known to me  
\_\_\_\_ who produced identification: \_\_\_\_\_