

August 2011 - July 2012 Student Release Form

Student Information		
Last Name:	First Name:	
Grade:	DOB:	Gender: M F
Phone:	Email:	
Address:	City:	
Postal Code:	State:	

Parent / Guardian Information	
Name(s):	Email:
Home Phone:	Mobile Phone:

Medical Information	
Family Physician:	Physician Phone:
Health Card #: <small>Please attach a copy of card to this form.</small>	Insurance Provider:
Medical Conditions:	Medication(s) Currently Being Taken: <small>(Please note medication names and times taken)</small>
Food Allergies:	Other Allergies: <small>(Meds, insect bites/stings, etc.)</small>
Medical History: <input type="checkbox"/> Asthma <input type="checkbox"/> Sinusitis <input type="checkbox"/> Bronchitis <input type="checkbox"/> Kidney Trouble <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Diabetes <input type="checkbox"/> Dizziness <input type="checkbox"/> Stomach Upset <input type="checkbox"/> Hay Fever	
Immunizations: <input type="checkbox"/> Tetanus <input type="checkbox"/> Polio Booster <input type="checkbox"/> Measles <input type="checkbox"/> Mumps	

Permission/Release

I / we are the legal guardians of the student named above and hereby give my / our permission for the named student to participate in events with Living Faith Baptist Church. I understand that in the event of illness, injury, or other emergency that the leaders of Living Faith Baptist Church will do everything in their power to contact me personally, but that in the event that they are unable to do so, I / we give my / our permission for the leaders to seek necessary medical attention for the student named above. **Parent/Guardian Initial:** _____

Also, I understand that as a participant, my child may be photographed or videotaped during normal trip activities and these photos/videos may be used in promotional materials. **Parent/Guardian Initial:** _____

I do hereby release and forever discharge all sponsors and employees of Living Faith Baptist Church from any and all claims, demands, actions or cause of actions, past, present, or future arising out of any damage or injury to my child while participating in all church trips. I agree to indemnify all sponsors, church employees, and all adults and chaperones from any and all claims, demands, actions, or causes of actions, past, present or future arising out of any damage or injury caused by my child while participation in Living Faith Baptist Church related activities and or while on Living Faith Baptist Church property. **Parent/Guardian Initial:** _____

I, the undersigned, do hereby verify that the above information is correct to the best of my knowledge.
(Youth under 18 require parent/guardian signature).

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____