

# Medical Release and Event Participation Form

## Neel Road Baptist Church Student Ministries

Student's Name: \_\_\_\_\_

Medical Release: Permission to seek any medical attention deemed necessary, and releases Neel Road Baptist Church, its staff and volunteers against personal liability.

I/We the undersigned, have legal custody of the student named above, a minor, and have given consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any medical treatment deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Furthermore, I/we affirm that the health insurance information provided is accurate at the date and will, to the best of my knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if they break behavior codes as deemed necessary by the Student Ministry staff, volunteer, or chaperone in charge.

**Behavior Contract:** Students, volunteers, and staff will treat others the way they wish to be treated (Matthew 7:12a), show proper respect to everyone (1 Peter 2:17a), obey leaders and submit to their authority (Hebrews 13:17a), will not do anything that causes another believer to sin (Romans 14:13b), and will not let any unwholesome language come out of their mouth (Ephesians 4:29a). All students, parents, volunteers, and staff must adhere to these guidelines in order to have the privilege of taking part in Student Ministry events.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please Note—Notary Required\*\***

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me, personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public Seal:

## Student Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender M F  
Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Address \_\_\_\_\_ Lives with (circle) Father Mother Both  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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## Parent/Guardian Information

Mother \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Father \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_  
In the event of an emergency, who should be contacted first (circle one)? Mother Father  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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## Medical Insurance Information

Neel Road Baptist Church will serve as secondary insurance for all trips and events.  
Please submit a photo copy of your insurance card with this form.

Company Name \_\_\_\_\_ Phone (if applicable) (\_\_\_\_) \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number (if applicable) \_\_\_\_\_

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## Medical History

Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Allergies \_\_\_\_\_  
Dietary Restrictions \_\_\_\_\_  
Physical Limitations \_\_\_\_\_  
Past Medical Procedures \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_