

# Medical Release and Consent Form

Effective dates: 1/01/2017 to 12/31/2020

Please neatly print in ink

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Grade in school \_\_\_\_\_  Male  Female Student Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Mom's Names \_\_\_\_\_ Mom's Email \_\_\_\_\_

Mom's Work Phone \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_

Dad's Names \_\_\_\_\_ Dad's Email \_\_\_\_\_

Dad's Work Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Emergency Contact Name and Number (Other than parent) \_\_\_\_\_

Current allergies and/or medications \_\_\_\_\_

I/We, the undersigned, have legal custody of the student named above, a minor, and have given our consent for him/her to attend and participate in events and activities being organized or attended by Wall Highway Baptist 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, ministries, 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 reasonable medical treatment as deemed necessary by a licensed physician. I/We agree that should an accident, injury, or loss occur during a church sponsored/related event or on church campuses, Wall Highway Baptist Church has my/our consent and permission to seek whatever means (medical or other) necessary to deal with the situation. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person(s) 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. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above during above stated dates. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth ministries staff member. I am aware that the current form is effective for 4 years. If the information above changes prior to 12/31/2020 it is my responsibility to change this form on file.

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

\_\_\_\_\_  
Date