

# CBG STUDENT MINISTRY MEDICAL RELEASE FORM/PERMISSION FORM

Bring a notarized copy of this sheet to registration. Attach a photocopy of insurance form or card.

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
SS# \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_  
In case of an emergency notify: \_\_\_\_\_  
Phone Numbers - Home :(\_\_\_\_) \_\_\_\_\_  
Work :(\_\_\_\_) \_\_\_\_\_ Mobile :(\_\_\_\_) \_\_\_\_\_ Pager :(\_\_\_\_) \_\_\_\_\_ Other :(\_\_\_\_) \_\_\_\_\_

## MEDICAL PROFILE

Generally, Participant's Health is: (Check One) \_\_\_Excellent \_\_\_Good \_\_\_Fair \_\_\_Poor

If Fair or Poor, please explain your condition:

\_\_\_\_\_

List any medical difficulties for which you are currently being treated \_\_\_\_\_

Check any of the following that cause you problems and explain: Asthma \_\_\_ Sinusitis \_\_\_

Bronchitis \_\_\_ Kidney Trouble \_\_\_

Heart Trouble \_\_\_ Diabetes \_\_\_ Dizziness \_\_\_ Stomach Upset \_\_\_ Hay Fever \_\_\_

List any medicines or substances to which you are allergic: \_\_\_\_\_

List any previous operations or serious illnesses \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet or special needs \_\_\_\_\_

Childhood Diseases \_\_\_ Chickenpox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough \_\_\_ Other \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Subscriber Number \_\_\_\_\_

Place of Employment \_\_\_\_\_

Subscriber Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

## Permission for Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the student pastor, event director, church official, and any adult volunteer or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during event activities and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Church By The Glades Student Ministry, event sponsors, and employees from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in this event. I agree to indemnify Church By The Glades for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this event or while on property leased or owned by Church By The Glades. Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Notary Acknowledgement

State of \_\_\_\_\_ } County of \_\_\_\_\_ }

Personally appeared before me, \_\_\_\_\_, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary signature: \_\_\_\_\_

My commission expires \_\_\_\_\_