

# Longview Heights Baptist Church Student Ministry

## Medical Release and Permission Form

This form is valid for the calendar year \_\_\_\_\_.

A current, signed copy of this form must be on file with LHBC Student Ministries in order for the student to participate in church-related activities.

*It is the responsibility of the parent or guardian to contact LHBC with any changes or updates to the information requested on this form.*

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

### Emergency Contact Information:

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance Information: *(attach copy of insurance card if possible)*

Company: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Group Policy #: \_\_\_\_\_ Personal ID #: \_\_\_\_\_

### Student Medical History: *(Please check any of the following areas that are a concern for your student)*

Allergic to:  Food/Nuts \_\_\_\_\_  Medications \_\_\_\_\_  Insect bites/stings

Suffers from:  Asthma  Epilepsy/seizures  ADD/ADHD

Medications being taken/dosage/frequency: \_\_\_\_\_

Swimming:  Good swimmer  Fair swimmer  Does not swim  Afraid of water

Student wears:  Glasses  Contacts  Hearing aids  Braces/retainer

Special dietary needs: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Date of last Flu shot: \_\_\_\_\_

Please state any additional health, emotional or other conditions of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### As a parent or legal guardian of the above-named student, I have read and agree to the following:

**Parental Authorization:** I hereby grant my permission for my child to participate in activities and trips with Longview Heights Baptist Church and I understand that neither Longview Heights nor any staff or volunteers can be held liable for any damages, losses or injuries to the person or properties of my child.

**Medical Release:** In the event I cannot respond in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment and to order tests, injections, anesthesia or surgery as deemed necessary for my child while in the care of Longview Heights.

**Media Release:** I give permission to Longview Heights, its staff, and volunteers, to use any images, videos and recordings of my child in print, video, digital and internet social media.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_