



# RADIATE STUDENTS

## 2020 MEDICAL PERMISSION AND RELEASE FORM

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: M F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Parent/Guardian: \_\_\_\_\_  
Mobile Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Secondary Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Secondary Contact: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Mobile Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Secondary Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

### INSURANCE INFORMATION (ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM.)

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Cardholder: \_\_\_\_\_ Relationship to Cardholder: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
Insurance Company Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

### PHYSICIAN INFORMATION

Physician's Name: \_\_\_\_\_ Physician's Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

### PAST MEDICAL HISTORY CHECK ALL THAT APPLY, GIVING APPROPRIATE INFORMATION

- Asthma  Sinusitis  Bronchitis  Kidney Trouble  Heart Trouble  Diabetes  Dizziness  
 Hay Fever  Upset Stomach

### ALLERGIES (LIST TYPE BELOW)

Food: \_\_\_\_\_  
Drug: \_\_\_\_\_  
Insect Sting/Bite: \_\_\_\_\_  
Poison Sumac, Oak or Ivy: \_\_\_\_\_

### PERSONAL MEDICAL INFORMATION

Previous operations or serious illnesses: \_\_\_\_\_  
Any current medications (list): \_\_\_\_\_  
Special diet considerations or instructions: \_\_\_\_\_  
Childhood Diseases:  Chicken Pox  Measles  Mumps  Other: \_\_\_\_\_

## PERMISSION FOR TREATMENT

I am aware that my son/daughter is accompanying Burnt Hickory Baptist Church, Inc. on a church-related trip or function. I understand that there are risks involved in taking part in recreation activities and other activities related to participation in youth functions, and do hereby give my full permission for my son/daughter to participate in these activities UNLESS OTHERWISE NOTED. My permission is granted for the representative(s) selected by Burnt Hickory Baptist Church to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my son/daughter. I, the undersigned, do hereby verify that the above information is correct and I do hereby release, forever discharge and agree to hold harmless Burnt Hickory Baptist Church, Inc., its agents, employees, representatives, members and RADIATE Student Ministry from any and all liability, claims or demands for personal injury, sickness or death which may be incurred by my son/daughter while participating in the above described trip(s). I give my consent and permission for the taking of photographs and/or video of me or my child during the described event and waive and/or assign any and all rights (including copyright) in such media to Burnt Hickory Baptist Church, who, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction, and dissemination of any such photographs or videos.

### **THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

*(CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.  
THIS IS A GENERAL RELEASE AND IDEMNIFICATION OF CLAIMS.)*

Please check which applies:  Parent/Guardian  Attendee 18 years of age and older

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

Signature: \_\_\_\_\_

If you are a Parent/Guardian of an attendee who is under 18 years of age, please include the following:

Your Name: \_\_\_\_\_ Relationship to Attendee: \_\_\_\_\_

### FOR APPOINTED NOTARY PUBLIC USE ONLY

On this, the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, \_\_\_\_\_, and in my presence executed the within and foregoing permission and release form.

Signature of Notary: \_\_\_\_\_ My commission expires: \_\_\_\_\_

SEAL