



RADIATE STUDENTS

2024 MEDICAL PERMISSION AND RELEASE FORM

PERSONAL INFORMATION

Name: _____
Birthdate: ____/____/____ Age: ____ Gender: Male Female
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: (____)____ - _____
If no insurance provided, please initial: _____ If you do not provide medical insurance, please note that you will incur all medical expenses should an emergency occur.

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 Other: _____

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 portion of the document in gray 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 _____, 2024. 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 _____, 2024, personally appeared before me, _____, and in my presence executed the within and foregoing permission and release form.

Signature of Notary: _____ My commission expires: _____

SEAL