

STUDENT MEDICAL RELEASE

2022—FOR MINORS // MEDICAL & RELEASE FORM



BRENTWOOD BAPTIST CHURCH

LEGAL NAME _____ **PREFERRED NAME:** _____
LAST NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH: ___/___/___ **GENDER:** MALE FEMALE **GRADUATING CLASS OF 20** ___
(CIRCLE ONE)

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

CAMPUS (CHECK ONE): ___ AVENUE SOUTH ___ BRENTWOOD ___ HARPETH HEIGHTS ___ LOCKELAND SPRINGS
___ NOLENSVILLE ___ STATION HILL ___ WEST FRANKLIN ___ WOODBINE

PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION:

RELATIONSHIP TO PARTICIPANT (CIRCLE ONE): MOTHER FATHER GUARDIAN GRANDPARENT

NAME: _____ **BIRTHDATE:** ___/___/___

MOBILE #: _____ **EMAIL:** _____

RELATIONSHIP TO PARTICIPANT (CIRCLE ONE): MOTHER FATHER GUARDIAN GRANDPARENT

NAME: _____ **BIRTHDATE:** ___/___/___

MOBILE #: _____ **EMAIL:** _____

EMERGENCY CONTACT (IN CASE WE CANNOT REACH THE ABOVE) NAME: _____

RELATIONSHIP TO PARTICIPANT: _____ **MOBILE #:** _____

MEDICAL INFORMATION:

In the unlikely event that we would have to transport your child to the hospital, we need all medical information possible. We will keep these on file in the ministry office for the 2022 calendar year. You will be responsible to notify us if your insurance information changes.

GENERALLY, THE PARTICIPANT'S HEALTH IS: (circle one): Excellent Good Fair Poor

If Fair or Poor, please explain the condition: _____

CHECK ALL THAT APPLY to the participant. If necessary, add another page with details. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- ___ Asthma / Breathing/ Respiratory Issues ___ Physical Limitations* ___ Epilepsy / Seizure Disorder
___ Cardiac Issues ___ Behavioral* ___ Diabetes ___ Frequently Upset Stomach / Ulcers
___ Special Needs* ___ Other _____
___ EPIPEN (Note: Another form must be filled out for all participants who have an EpiPen. Please contact the Ministry Office.)

**Additional Information Required* _____

List any major illnesses, injuries, or surgeries during the last year. _____

List any Food Allergies (please name) _____

List any Drug Allergies (please name) _____

Last Tetanus Immunization Date: ___/___/___ **(Please initial)** ___ All immunizations are up to date

Should this the participant's activities be restricted for any reason? Yes No

If yes, please explain: _____

OVER THE COUNTER MEDICATION:

INITIAL ON THE LINE by each medication you give permission for us to dispense to your child (upon request) from our emergency supply box. For any medications you initial, you will not have to send a supply of that particular medication.

- ___ Ibuprofen (Advil or Motrin) ___ Acetaminophen (Tylenol)
___ Allergy (Claritin, Benadryl) ___ Anti-Nausea (Pepto-bismol/Tums)

INITIAL the following statements if you agree:

___ I understand that this is for over the counter medication only. Should my child have other medication, the medication and its instructions will be turned into the nurse upon registration on the departure day.

___ I understand that if my child begins a medication after this form is turned in changing the information provided above, it is my responsibility to update paperwork on file in the ministry office and alert them of these changes.

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If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject of and which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. **MEDICATIONS AND DOSAGES MUST BE LISTED ON THE MEDICATION FORM AND TURNED INTO THE NURSE FOR EACH EVENT UPON PARTICIPANT CHECK-IN.**

YOU MUST ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD (FRONT & BACK).

_____ INTIAL HERE IF PARTICIPANT IS NOT CURRENTLY INSURED.

PERMISSIONS AND RELEASES:

BY SIGNING BELOW, THE PARTICIPANT (AND PARENT/ GUARDIAN IF THE PARTICIPANT IS A MINOR) ACKNOWLEDGES THAT THE PARTICIPANT NAMED ON PAGE 1, HAS PERMISSION TO TRAVEL WITH BRENTWOOD BAPTIST CHURCH (ALL CAMPUSES) OR ATTEND ANY BRENTWOOD BAPTIST CHURCH NEXT GEN ACTIVITIES FROM JANUARY 1, 2022 THROUGH DECEMBER 31, 2022.

I/WE THE UNDERSIGNED HAVE LEGAL CUSTODY OF THE PARTICIPANT NAMED ON PAGE 1, A MINOR, AND HAVE GIVEN OUR CONSENT FOR HIM/HER TO ATTEND EVENTS BEING ORGANIZED BY THE 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, 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.

THIS CONSENT FORM GIVES PERMISSION TO SEEK MEDICAL ATTENTION AS DEEMED NECESSARY, AND RELEASES THE CHURCH AND ITS STAFF OF ANY LIABILITY AGAINST PERSONAL LOSSES OF NAMED CHILD. IN THE EVENT THAT HE/SHE IS INJURED AND REQUIRES THE ATTENTION OF A MEDICAL PROVIDER, I/WE CONSENT TO ANY REASONABLE MEDICAL TREATMENT AS DEEMED NECESSARY BY A LICENSED PROVIDER. IN SUCH AN EVENT WHERE TREATMENT IS REQUIRED, FROM A PROVIDER 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 PARTICIPANT NAMED ON PAGE 1. I/WE ALSO AGREE TO BRING MY/OUR CHILD HOME AT MY/OUR OWN EXPENSE SHOULD THEY BECOME ILL OR IF DEEMED NECESSARY BY A BRENTWOOD BAPTIST CHURCH STAFF MEMBER.

I/WE ALSO GIVE PERMISSION TO BRENTWOOD BAPTIST CHURCH TO PHOTOGRAPH AND/OR VIDEO TAPE MY CHILD FOR THE PROMOTIONAL PURPOSES OF BRENTWOOD BAPTIST CHURCH.

THIS SECTION MUST BE COMPLETED AND SIGNED IN FRONT OF A NOTARY BEFORE SUBMISSION:

By signing below, I am agreeing that the information provided above is correct and true to the best of my knowledge.

Parent/ Guardian Name (Print) _____

Parent/ Guardian Name (Signature) _____ Date: _____

STATE OF TENNESSEE

COUNTY OF _____ On this _____ day of _____, 20 _____, before me personally appeared _____, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person (or person's) free act and deed.

PLEASE PLACE NOTARY SEAL BELOW.

NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRATION

OFFICE USE ONLY: _____ CHILDREN'S MINISTRY _____ STUDENT MINISTRY