

MEDICAL ALERT-TREATMENT/EVENT/PHOTO-VIDEO RELEASE FORM

**YOU MUST FILL THIS OUT COMPLETELY-PLEASE PRINT IN INK.
INDICATE "Non-Applicable" WHEN NECESSARY AND SIGN THE THREE PLACES ON BACK!**

STUDENT MINISTRY OF SECOND BAPTIST CHURCH-CONWAY, AR

Name of Student: _____ Year of Graduation _____ Gender: M / F Date of Birth: ___/___/___

Legal Guardian: _____ Relationship: _____

Address: _____ City: Conway/ Other _____ State AR Zip _____

Phone #'s: _____ Business _____ Cell/Other _____

- If we cannot reach parent(s), my child may be entrusted to the following people.
(Please list two: other than person listed above)

**We MUST
Have A
Current
Photo:
Affix Here**

- 1. Name _____ (relationship) _____ Phone _____
- 2. Name _____ (relationship) _____ Phone _____

➤ **Physician's Name** _____ Phone _____
Address _____ City _____ State _____ Zip _____

➤ **Insurance Company** _____ Policy# _____
Address _____ Group# _____
Agent's Name _____ Phone _____

➤ **Person Responsible for Payment:** _____ SS# _____ Phone _____
Address _____ City _____ State _____ Zip _____

Immunizations: (year) Tetanus _____ Polio _____ Measles _____
Mumps _____

Blood Type (if known) A+ A- B+ B- O+ O- AB+ AB- other _____

PAST MEDICAL HISTORY

➤ Indicate all childhood diseases: Chicken Pox ___ Measles ___ Mumps ___ Whooping Cough ___
Other _____

➤ Indicate all of the following illnesses, diseases, or medical conditions the student has or has had:

____ Asthma _____ Bronchitis _____ Chronic upset stomach _____ Hyperactivity _____ Diabetes
____ Dizziness _____ Epilepsy _____ Heart Condition _____ Hemophilia _____ Hepatitis
____ Colitis _____ Sinusitis _____ Seizures _____ Kidney Conditions _____ Other _____
____ Depression _____ ADD _____ ADHD

➤ List any family/hereditary illness or medical conditions _____

➤ Previous operations/critical surgical procedures and the results _____

ALLERGIES :

➤ History of anesthesia reactions (self or family)? _____ Yes _____ No If yes, please explain _____

➤ Allergic to any of the following medications? _____ Yes _____ No If so, which one(s):
____ Aspirin _____ Codeine _____ Morphine _____ Penicillin _____ Sulfa _____ Other _____

CURRENT MEDICINES :

➤ List any and all medications you are currently taking on a regular basis: _____

SPECIAL DIET? Please list name and content:

❖ **SPECIAL EVENT RELEASE**

Please understand that "extremely high risk" activities will **NEVER** be formally approved, scheduled or endorsed by the Student Ministries of Second Baptist Church. However, ministry events or trips may place a student(s) near some activities that do involve some risk. It is the parent's responsibility to properly instruct their child in what is acceptable as an activity in concurrence with the 2BC Student Ministry program. In the event a student decides to participate in a non-approved, un-scheduled or un-endorsed activity during "free time" on a trip OR any other time, they do so directly **AGAINST** the leadership of this program.

The following activities, among others, will potentially be endorsed and scheduled by the Student Ministries of 2BC. Indicate with a mark, the activities your child **CANNOT** participate in, should one of the activities be scheduled.

(Note: When applicable, a licensed and trained professional will direct some of the following activities.)

- Construction Projects Canoeing/kayaking Cliff Jumping Boat Riding Fishing
- Hobie Sailing Horseback Riding Jet skiing Mopeds Rappelling
- Mountain Climbing Snorkeling Snow skiing "Stealth" Games Swimming
- Tubing Water parks Water skiing Whitewater Rafting Ropeswings
- Paintball Games Theme Parks Impact Sports (i.e. football)

➤ List any other activities that you forbid your child to participate in: (bungee jumping for example!) Please Ask Questions!

➤ **I acknowledge that I have read the above high/low risk information and affirm that my child cannot participate in the indicated or checked activities. Other than the indicated or checked activities, I know of no reason why my child should not participate in the activities of the Student Ministries of Second Baptist Church-Conway.**

Date ____ / ____ / ____

Parent or Legal Guardian's Signature

❖ **PHOTO/VIDEO RELEASE**

I understand that as a participant, my child may be photographed and/or videotaped during Student Ministry activities. These photos/videos may be used in presentations and/or promotional materials. By signing, I release Second Baptist Church to use these photos and/or videos for Student Ministry activities.

Date ____ / ____ / ____

Parent or Legal Guardian's Signature

❖ **TREATMENT RELEASE**

FULL PERMISSION AND CONSENT is hereby granted for the Youth Pastor(s), bus/van drivers, Interns/workers, and/or other duly appointed Chaperones of Second Baptist Church, to obtain necessary medical and/or dental attention for my child/dependant in case of an emergency through the care of a consulting physician and/or dentist, if the parents or legal guardian cannot be reached. This treatment may include examinations, x-rays, anesthetic, medical diagnosis, anesthesia, surgical procedures or treatment through prescribed medicines. In the event of a major illness or need for surgery, parent's special permission will be sought by the hospital and attending physician prior to treatment.

SPECIAL NOTE TO PARENTS OR GUARDIANS: As the parent or guardian of the above minor, **you are responsible** to provide any new and important medical information to the Student Ministry office to update this form. The original will be kept on file at Second Baptist Church. At your request, a copy of this form will be returned to you for your records.

This is a very in-depth release form. We want to make sure that we are prepared the best that we can be for any type of situation. **However, there are risks involved with virtually every situation and you need to be aware of that.** If you have any questions about any of this release form, please contact the Student Ministry office of Second Baptist Church, 501.327.6565. Thank you for your help and understanding.

❖ **PARENT or GUARDIAN SIGNATURE (S)** (if 21 or older, you may sign yourself)

Date ____ / ____ / ____

Father/Legal Guardian's Signature

Mother's Signature

Form Needs to Be Notarized By a Notary Public:

Notary Signature

Date

