



Student Ministry

RELEASE FORM PERMITTING MEDICAL TREATMENT FOR A MINOR

(Please Print)

Student Information:

Name: _____ Date of Birth: ____/____/____ Gender: M | F (Circle One) Current Grade: _____

Current Address: _____ City: _____ Zip: _____

Home Phone: _____ Student's Cell Phone: _____ School Student Attends: _____

Father's Name: _____ Phone#: _____

Mother's Name: _____ Phone#: _____

Guardian's Name: _____ Phone#: _____

Parent Email: _____

Emergency Information:

Emergency Contact: _____ Relationship to Student: _____

Phone Numbers - Home: _____ Work: _____ Cell: _____

Health History:

Does the student have any physical, mental, or other medical conditions and restrictions? If so, please explain: _____

Does the student have any known allergies to food, medication, insect bites or other allergens? If so, please explain: _____

Date of Last Tetanus Shot: ____/____/____

If student is under the age of 18, I, the undersigned parent or legal guardian, give Valley Baptist permission to administer the following medication (or its generic equivalent) to the student. **(circle all that apply):** Tylenol | Ibuprofen | Benadryl | Pepto Bismol | Neosporin | Sudafed

Current Physician: _____ Phone#: _____

Insurance Co.: _____ (attach copy of card) Policy # _____ Group # _____

Secondary Insurance Co.(if applicable): _____ (attach copy of card) Policy # _____ Group # _____

In case of emergency - It is the policy of Valley Baptist Church in the case of illness, accident, or any other medical emergency to make a reasonable attempt to promptly contact the parent/guardian. It is required that we have you sign the following statement.

I/We, the undersigned parents/guardian of _____, a minor, do hereby authorize **VALLEY BAPTIST CHURCH**, its representative to select transportation to their chosen licensed physician who may use upon and administer to the said child while attending him/her: x-ray examination, anesthetic, medical or surgical diagnosis or treatment, order injections, or hospitalize, as in the opinion of such physician is deemed necessary or advisable. I/WE, hereby give consent for my son/daughter to appear in photographs, audiovisual productions and/or any other means of publication media taken and used by Valley Baptist Church and its assigns or successors.

This form is valid for all meetings, events, and activities effective 1/1/24 thru 12/31/24

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____