



**PARKER MEMORIAL BAPTIST CHURCH  
MEDICAL INFORMATION / RELEASE FORM 2022  
STUDENT MINISTRY**

Student's Name: \_\_\_\_\_ Grade (Fall of 2021): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F Social Security#: \_\_\_\_\_

Student Phone #: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Student Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST ZIP Code

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST ZIP Code

**ALTERNATE EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
Emergency Contact #1

\_\_\_\_\_  
Relationship to Student

\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST ZIP Code

\_\_\_\_\_  
Emergency Contact #2

\_\_\_\_\_  
Relationship to Student

\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST ZIP Code

## MEDICAL INFORMATION

Family Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Hospital / Clinic Preference: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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Ins Card on file in church office

Policy Number: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Does your student have any medical problems we should know about if medical treatment should become necessary (allergies, medication he cannot take, etc.)?

Please list any medication your student takes on a regular basis or is now taking:

\_\_\_\_\_

Is there any other medical information you feel we should know about your student?

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

## RELEASES AND CONSENT

I /We, the undersigned do hereby consent to allow our student, \_\_\_\_\_, to participate in all activities this year with the Student Ministry of Parker Memorial Baptist Church. I understand this form will include all Student Ministry trips during the 2022 year's activities and covers recreational and other physical activities on and off campus.

**Medical Release:** I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my student and waive my right to informed consent of treatment. This waiver applies only in the event neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**

**Liability Release:** In consideration for the privilege of allowing my child to participate in Student Ministry trips, I agree to release and hold harmless Parker Memorial Baptist Church, its officers, and agents, from any liability to or responsibility for bodily injury, damage or illness to the above identified student while participating, including transportation to and from the activity. Further, I agree to indemnify and hold harmless Parker Memorial Baptist Church, its officers, and agents with respect to any claim asserted by or on behalf of my student as a result of bodily injury, illness, or damage.

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**