

**MEDICAL RELEASE FORM FOR SALEM STUDENT MINISTRY**

I, the parent/guardian of \_\_\_\_\_, do hereby release Salem Baptist Church of McDonough, GA and any participating adult leaders from any liability, fault or responsibility in case of an accident or illness involving said child resulting from participating in Salem Baptist Church Student Ministry activities in the year **beginning August 1, 2009 through September 30, 2010.** Furthermore, I grant permission to Salem Baptist Church and any participating adult leaders to seek medical attention for said child in the event of emergency and said parents/guardians cannot be reached. Medical personnel are granted the right to treat said child in the absence of said parents/guardians.

We have carefully read the above release, know the contents therein, and are authorized to grant this liability release and medical permission.

**Parent/Guardian Signature:** \_\_\_\_\_

Date \_\_\_\_\_ Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**MEDICAL INFORMATION ON ABOVE CHILD**

The youth named above is \_\_\_ is not \_\_\_ (check one) covered under hospitalization insurance with

\_\_\_\_\_ insurance company, Policy # \_\_\_\_\_

in the name of \_\_\_\_\_ (policy holder).

In case we are unable to contact you in an emergency, whom should we contact.

1. Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Check the following conditions or diseases your child has had or currently has:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> ADD/ADHD            | <input type="checkbox"/> Anemia            | <input type="checkbox"/> Anxiety            | <input type="checkbox"/> Appendicitis      |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Bronchitis        | <input type="checkbox"/> Chickenpox         | <input type="checkbox"/> Chronic Headaches |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Diagnosed Phobias | <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Epilepsy          |
| <input type="checkbox"/> GI/Stomach Disorder | <input type="checkbox"/> Hay Fever         | <input type="checkbox"/> Heart Disorder     | <input type="checkbox"/> Hyperglycemia     |
| <input type="checkbox"/> Hypoglycemia        | <input type="checkbox"/> Hypertension      | <input type="checkbox"/> Hypotension        | <input type="checkbox"/> Influenza         |
| <input type="checkbox"/> Kidney Disorder     | <input type="checkbox"/> Measles           | <input type="checkbox"/> Meningitis         | <input type="checkbox"/> Migraines         |
| <input type="checkbox"/> Mumps               | <input type="checkbox"/> Pneumonia         | <input type="checkbox"/> Pleurisy           | <input type="checkbox"/> Polio             |
| <input type="checkbox"/> Sinusitis           | <input type="checkbox"/> Tetanus           | <input type="checkbox"/> Thyroid Disorder   | <input type="checkbox"/> Tuberculosis      |

**FORM CONTINUED ON OTHER SIDE → → →**

Are there any other conditions or diseases that your child currently has or for which your child is receiving treatment? These may include psychological conditions as well as physical conditions. If so, please specify the condition and treatment, if any, your child is receiving?

---

---

---

Please list any known allergies or special needs that your child has.

---

---

---

Please list any prescription medication(s) your child is currently taking. Please include dosage and schedule. Medicine must be sent in original container.

---

---

---

### **Media Release Form**

I authorize Salem Baptist Church to use my child's image and/or voice in all forms and media including composite and modified representations for all purposes, including educational and commercial. I waive the right to inspect or approve versions of said image used for distribution or publication, or the written copy that may be used in connection with said image. I further understand that I will not be compensated for the permission that I am granting here. I release Salem Baptist Church and its Ministers, Coaches and other volunteers from any claims that may arise regarding the use of said image, including any claims of defamation, invasion of right to privacy, infringement of moral rights, rights of publicity or personality, or copyrights.

I acknowledge that I have had sufficient opportunity to review the provisions of this document and understand its purpose, meaning and intent.

---

(Print Parent/Guardian Name)

---

(Child's Name)