

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

Name of Child _____ Gender _____ Date of Birth ___/___/___

Legal Guardian _____ Relationship: _____

Address _____ City _____ State ___ Zip _____

Phone's _____ Business _____ Mobile/Other _____

- In case of an emergency and we cannot reach parent(s), my child may be entrusted to the following people.
(Please list three: other than person listed above)

1. Name _____ (relationship) _____ Phone _____
2. Name _____ (relationship) _____ Phone _____
3. 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-

PAST MEDICAL HISTORY

- Indicate all childhood diseases: Chicken Pox _____
Measles _____ Mumps _____ Whooping Cough _____ Other _____
- Indicate all of the following illnesses, diseases, or medical conditions you have had:
- | | | | | |
|------------------|------------------|-----------------------------|-------------------------|-------------------|
| _____ Asthma | _____ Bronchitis | _____ Chronic upset stomach | _____ Hyperactivity | _____ Diabetes |
| _____ Dizziness | _____ Epilepsy | _____ Heart Condition | _____ Hemophilia | _____ Hepatitis |
| _____ Colitis | _____ Sinusitis | _____ Seizures | _____ Kidney Conditions | _____ Other _____ |
| _____ Depression | _____ ADD | | | |
- 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 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 Park Avenue Baptist Church. However, many events or trips may place a student(s) near some “high risk” activities. It is the parent’s responsibility to properly instruct their child in what is acceptable as an activity in concurrence with the P.A.B.C. 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 P.A.B.C. 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.)

- | | | | | |
|--|--|--|--|-------------------------------------|
| <input type="checkbox"/> Construction Projects | <input type="checkbox"/> Canoeing/kayaking | <input type="checkbox"/> Cliff Jumping | <input type="checkbox"/> Boat Riding | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Hobbie Sailing | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Jet skiing | <input type="checkbox"/> Mopeds | <input type="checkbox"/> Rappelling |
| <input type="checkbox"/> Mountain Climbing | <input type="checkbox"/> Snorkeling | <input type="checkbox"/> Snow skiing | <input type="checkbox"/> “Stealth”Games | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Tubing | <input type="checkbox"/> Water parks | <input type="checkbox"/> Water skiing | <input type="checkbox"/> Whitewater Rafting | |
| <input type="checkbox"/> Ropeswings | <input type="checkbox"/> Paintball Games | <input type="checkbox"/> Theme Parks | <input type="checkbox"/> Impact Sports (i.e. football) | |

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

➤ 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 Park Avenue Baptist Church.

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 Park Avenue Baptist Church to use these photos and/or videos during 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 Park Avenue Baptist Church, to obtain necessary medical and/or dental attention 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 Youth Ministry office to update this form. The original will be kept on file at Park Avenue 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 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 Park Avenue Baptist Church, 321.269.6702. 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