

# WEST POINT FIRST BAPTIST CHURCH

140 County Road 1242  
Cullman, AL 35057

Brent Colee  
Youth Minister

ph (256) 739-5849  
fax (256) 739-5839

## YOUTH MINISTRIES

### Student Medical Release Form

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Do you have any special health information the church should be aware of?

Yes                  No

Is so, please explain \_\_\_\_\_

#### Medical History:

Immunizations:      Tetanus      Polio Booster      Measles/ Mumps  
Other: \_\_\_\_\_

Circle below what applies to student:

Asthma                  Sinusitis                  Bronchitis                  Kidney Trouble  
Diabetes                  Heart Trouble                  Dizziness                  Hay Fever  
Stomach Upset                  Other

(List other)

Allergies:      Food  
                    Penicillin or other drug (name)  
                    Insect sting / bites  
                    Poison sumac, oak, ivy  
                    Previous operations or serious illnesses

**Medical Release:**

I, \_\_\_\_\_ (parent/guardian), give the adult sponsors of West Point First Baptist Church, the authority to provide or sign for medical treatment for \_\_\_\_\_ (student name).

Signed \_\_\_\_\_ (parent/guardian) \_\_\_\_\_ date

**Release of Liability / Video Permission**

I give permission for my son/daughter, \_\_\_\_\_, to attend \_\_\_\_\_ with West Point First Baptist Church. I do not hold West Point First Baptist Church, or anyone affiliated with West Point First Baptist Church, liable for any injuries, accidents, or illnesses incurred during this trip. I understand that I am responsible for the expenses of my child's medical care and that my family insurance is primary. No other insurance is provided. Furthermore, I give my permission for West Point First Baptist Church or any of its agents to use pictures, videos, or audio obtained during the above dates, in promotional or other materials as deemed necessary. I have read the discipline policy and agree to its terms.

Signed \_\_\_\_\_ (parent/guardian) \_\_\_\_\_ date

Print full name \_\_\_\_\_