

IBC Student MEDICAL RELEASE FORM

STUDENT NAME: _____ DATE _____

BIRTHDATE: _____ Student CELL# _____

ADDRESS: _____ Home PHONE: _____

FATHER'S NAME: _____ CELL #: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

MOTHER'S NAME: _____ CELL #: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

LEGAL GUARDIAN OF CHILD: Father _____ Mother _____ Both _____ Other _____

If other, please give name & address: _____

_____ email _____

IF EMERGENCY, AND PARENT'S CAN'T BE REACHED, PLEASE CALL:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PHYSICIAN'S NAME _____ **PHONE:** _____

PLEASE LIST ANY:

ALLERGIES: _____

MEDICATIONS: (See back of form for list of Meds) _____

HOSPITAL WITH RECORDS: _____

ANY HEALTH PROBLEMS: _____

DATE OF LAST TETANUS SHOT: _____

PRIMARY INSURANCE: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

Please Attach A Copy of Your Insurance Card.

FATHER'S SOCIAL SECURITY NUMBER: _____

MOTHER'S SOCIAL SECURITY NUMBER: _____

For hospital emergency medical use only, along with your insurance card.

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I give my permission to any authorized personnel of Immanuel Baptist Church to take emergency measures deemed necessary for the care and protection of my child while under their supervision. In case of accident or illness, I understand that my child will be taken to an appropriate medical facility for treatment. It is understood that in severe situations, the adults in charge may contact the local emergency resource before the parent, child's physician, and other adults acting on the parent's behalf.

I understand that any expenses incurred will be the responsibility of the child's family.

PARENT'S SIGNATURE: _____ **DATE:** _____

NOTARY: _____ STATE: _____ COUNTY: _____

DATE: _____ MY COMMISSION EXPIRES: _____

NOTE: THIS RELEASE WILL REMAIN IN EFFECT— December, 2018

