



Rosemont Baptist Church
 Student Ministries
 556 Rosemont Garden
 Lexington, KY 40503
 (859) 277-6147



Medical Release Information 2018
 This form must be notarized and include a copy of your medical insurance card

This form is valid from January 1st, 2018 through December 31st 2018.

Student Information

Name _____ Age _____ Birthday ____/____/____
 Address _____ Phone(____) _____
 City _____ State _____ Zip _____ Gender _____

Parent/Guardian Information

Name(s) _____ Phone (____) _____
 Address _____ City _____ State _____ Zip _____
 Work Phone (____) _____

Insurance Information

Do you have health insurance that covers this youth? Yes/No

Name of Company _____ Policy Number _____
 Insurance Carrier (Name) _____ Group Number _____
 Family Doctor _____ City _____ Phone(____) _____

Health History

Please list any medications/allergies/dietary concerns or any other conditions that the church staff should be aware of.

Release and Notarization information on back



Personal Medical/Liability Release Statement

_____ (write in name of youth) has my permission to travel with Rosemont Baptist Church of Lexington, Kentucky, or attend all student ministry activities from January 1st, 2018 through December 31st, 2018. While I understand that the church will take all reasonable steps to provide individual care and safety to my student, I am aware that the church, their employees, or chaperones cannot assume any responsibility for an injury, damage, or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my student to participate, I agree that full responsibility will remain with me as a parent or guardian of this youth. Should any claim be asserted by any person as the result of the acts of my student while participating in the course of activities provided by the church, or traveling to or from such activity, or should my student assert any claim against the church or its employees or chaperones, I agree to indemnify and hold the church harmless from any attorney fees and costs incurred by the church in defense thereof. I further authorize medical treatment of my student in the event of illness or injury sustained in my absence while my student participates in the course of activities provided by the church.

Signature of Parent/Guardian

Date

Notary Public

My commission expires

Remember to attach a copy of the front and back of your medical insurance card!