

Rosemont Baptist Church Student Ministry

**Medical Release Information 2020**

This form is valid from January 1, 2020 through December 31, 2020

\*This form must be notarized and include a copy of your medical insurance card\*

**Student Information**

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Gender: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Parent/Guardian Information**

Name(s): \_\_\_\_\_ Phone(s): (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Insurance Information**

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

Name of Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_

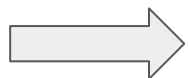
Doctor: \_\_\_\_\_ City: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Health History**

Please list any medications/allergies/dietary restrictions or any other conditions that Rosemont should be aware of.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Release and Notarization Information on back**



## Personal Medical/Liability Release Statement

My student, \_\_\_\_\_, has my permission to travel with Rosemont Baptist Church of Lexington, Kentucky, or attend all student ministry activities from January 1, 2020 through December 31, 2020. While I understand that the church will take 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 any 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 student. 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.

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

Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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