

Rosemont Baptist Church Student Ministry

Medical Release Information 2024

This form is valid from January 1, 2024 through December 31, 2024

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, 2024 through December 31, 2024. 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.