

BEREAN BIBLE CHURCH STUDENT MINISTRY

MEDICAL INFORMATION AND RELEASE FORM

MARCH 2009 – FEBRUARY 2010

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MEDICAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parents' or Guardians' Names \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Other \_\_\_\_\_

Are there any chronic health problems that limit physical activity? (circle one) Yes No

If yes, please explain: \_\_\_\_\_

Any current/regular medication? (circle one) Yes No

If yes, please give drug name, condition being treated, and dosage information: \_\_\_\_\_

\_\_\_\_\_

Any drug allergies? (circle one) Yes No

If yes, please explain: \_\_\_\_\_

Any allergies to food, insect stings, etc? (circle one) Yes No

If yes, please explain: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physician name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider (Company) \_\_\_\_\_

Name of Policyholder \_\_\_\_\_

Group Number \_\_\_\_\_

Identification Number \_\_\_\_\_

RELEASE FORM

We the undersigned parents/guardians, hereafter referred to as (Parents') enter this agreement with Berean Bible Church of Knoxville, Tennessee, hereafter referred to as (the Church) in consideration of the Church undertaking the sponsorship and/or supervision of All Youth Activities, as part of the Church's Youth program, in which the Student named below is a participant. As an inducement fro the Church to undertake the sponsorship and/or the supervision of said trip, the parties agree as follows:

1. Parents release the Church from any claim for injury, damage or loss caused by the act or omission of any third party such as a common carrier, travel agency, hotel or any other firm or individual.
2. While the Church will do its best to provide a safe environment, Parents understand that the Church does not guarantee the safety of the Student and that the Church has made no representation or warranties concerning the safety of the trip or the activities in which the Student will participate.
3. Parents grant the Church full authority to take whatever actions it may consider to be warranted under the circumstances during any activity regarding the Student's health and safety and fully releasing the Church from any liability. Parents authorize the Church in its discretion to place the Student at Parents expense and without further consent, in a hospital or to transport to a local medical doctor for medical services and treatment. Or, if necessary to transport the student back to Knoxville, Tennessee by commercial airline or otherwise at Parents expense for medical treatment.
4. Parents agree that the Church shall have the right to enforce appropriate standards of conduct and that it may at any time terminate the Student's participation in the Church program for failure to maintain these standards or for any actions or conduct which the Church reasonably considers to be incompatible with the Church's policies, rules or instructions or which interferes with the best interest, harmony, comfort. Or welfare of other students. **If the Student's participation is terminated, Parents consent to the Student being sent home at Parents' expense with no refund of fees.** Parents release the Church from any claim arising from Student's failure to comply with the Church's policies, rules or instructions.
5. The Church reserves the right to cancel programs due to an insufficient number of participants or otherwise to make alterations in programs, travel plans, and itineraries at its sole discretion.
6. Any cancellation of a participant (Student) on a planned trip must be at least one week prior to the date of the trip. Failure to withdraw in this manner of time will result in loss of a deposit or said monies.
7. Except as expressly assumed by the Church I writing, Parents shall be fully responsible and liable for all fees and charges for the activity, as well as for all expenses incurred by the Student and for any damages or liability caused by the Student.
8. Parents represent that Student has no health problems or physical or mental conditions which would limit their participation in any activity, except \_\_\_\_\_
9. All references in this Agreement to the Church shall include the Church and all of its pastors, officers, employees, staff members, chaperones, supervisors, and group leaders. All references herein to the Parents of the Student shall include the legal guardian(s) and any other adult(s) responsible for custody or supervision for the Student. This agreement and release by the Patents shall be deemed to include the agreement and release by the Student.
10. Student joins in this agreement and releases to the extent of his or her legal authority to do so.

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Dated this \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_\_

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)

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