

Edgewood Baptist Church
Youth Information
Medical Consent / Liability Release Form
For Year 20__

STUDENT'S INFORMATION:

Name: _____ D.O.B. _____
Cell Phone _____

PARENTS/GUARDIAN/CONTACTS INFORMATION:

Parents or Guardian's Name: _____

Mother's Information:

Home Address _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Comments: _____

Father's Information:

Home Address _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

ALTERNATE EMERGENCY CONTACTS:

Contact 1 Information:

Home Address _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Relation to Student: _____

Comments: _____

Contact 2 Information:

Home Address _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Relation to Student: _____

INSURANCE INFORMATION:

Name of Medical/ Hospital Insurance Carrier or HMO: _____

Phone Number: _____

Policy Number: _____

Which hospital is insurance affiliated with: _____

Comments: _____

PHYSICIANS INFORMATION:

Family Doctor's Name: _____

Doctor's Address: _____

Doctor's Office Phone: _____ Doctor's Emergency Phone: _____

Which hospital is doctor affiliated with: _____

Dentist's Name: _____

Dentist's Address: _____

Dentist's Office Phone: _____ Dentist's Emergency Phone: _____

Dentist's Insurer/Health Plan: _____ Policy #: _____

MEDICAL INFORMATION:

Student

Name: _____

Gender: _____

Blood Type: _____

Health Problems: _____

Allergies (including drugs or allergic reactions): _____

Last Tetanus Booster (Give approximate date): _____

Medications: _____

Activity Restrictions: _____

Special Diet Needs: _____

Previous Hospitalizations and Major Illnesses: _____

In case of emergency, if I cannot be contacted, the undersigned hereby give permission to the physician selected to secure proper medical treatment for my child, as named above. I waive and release Edgewood Baptist Church and any of its staff or volunteers from any and all liability for any injury or illnesses incurred while at any youth events.

Parent or Guardian Signature

Date

