

# Student Medical Release Form

Nashville First Baptist Church Youth Ministry

Name \_\_\_\_\_ Age/DOB \_\_\_\_\_

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Notification \_\_\_\_\_ Phone \_\_\_\_\_

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

Insurance Company\* \_\_\_\_\_ Policy # \_\_\_\_\_

## Medical History *(check any below that may apply)*

- Asthma     Sinusitis     Bronchitis     Kidney trouble     Heart trouble     Stomach upset  
 Dizziness     Diabetes     Hay fever     Other

List Other \_\_\_\_\_

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

## Allergies

Food \_\_\_\_\_

Penicillin or other drug *(name)* \_\_\_\_\_

Insect sting/bites, Poison sumac/oak/ivy \_\_\_\_\_

Do you have any other special health information that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

## Medical Release

I, \_\_\_\_\_ *(parent/guardian)*, give the adult workers with the youth of Nashville First Baptist the authority to provide and/or sign for medical treatment for \_\_\_\_\_ *(student)*.

Signed \_\_\_\_\_ Date \_\_\_\_\_