

Charles Town Baptist Church- Youth Group

Student Name: _____ Age: _____ DOB: _____

Grade: _____ School: _____ Student's Cell Number: _____

STUDENT MEDICAL INFORMATION:

Insurance Company: _____ Policy #: _____

Primary Cardholder: _____ Relationship to Student: _____

Physician's Name: _____ Physician's Phone: _____

Current Medical Conditions: _____

Current Medications: _____

Minor May Be Given (Check All That Apply): () Tums () Tylenol () Ibuprofen () Benadryl

Allergies (including drug allergies): _____

Medical History Of Child: _____

Does This Person Have (check all that apply): () contact lenses () glasses () hearing aid () braces () retainer
() crowns/bridge work () epi-pen () other _____

IN CASE OF MEDICAL EMERGENCY CONTACT INFORMATION:

Father/Guardian Name: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Mother/Guardian Name: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

In Case We Are Unable To Reach Parent/Guardian, Contact: _____

Relation To Parent/Child: _____ Phone #: _____

MEDICAL, VIDEO, AND RELEASE OF ALL CLAIMS

In consideration for being accepted by Charles Town Baptist Church ("CTBC") for participation in youth ministry activities, I/we, being 21 years of age or older, do for myself/ourselves and for and on behalf of my child-participant (the "Participant"), if said Participant is not 21 years of age or older, hereby release, forever discharge and agree to hold harmless CTBC and its officers, directors, employees, and volunteers from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage, economic damages—including any and all incidental and/or consequential damages—of any nature whatsoever which may be suffered by the undersigned and/or the Participant in connection with any CTBC trip or activity. I/we hereby authorize CTBC to furnish transportation, food and/or lodging for this child as appropriate in connection with any CTBC trip or activity. Moreover, I/we grant CTBC permission to publish pictures and/or videos of Participant engaged in any CTBC trip or activity.

I/we further hereby agree to hold harmless and indemnify CTBC, its directors, employees and volunteers, for any liability sustained by the same as the result of the negligent, willful, or intentional acts of Participant, including expenses arising therefrom.

(If Participant is under 21 years of age):

I am the parent(s) or legal guardian(s) of Participant, and hereby grant my permission for Participant to engage in CTBC youth ministry activities, and hereby give my permission to take Participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery of medical treatment, and assume the responsibility of all medical bills if any. Further, should it be necessary for Participant to return home for medical, disciplinary or other reason, I hereby assume all transportation and other costs arising therefrom.

Parent /Guardian Signature: _____ Date: _____

Student's Signature: _____ Date: _____