

**MEDICAL ALERT-TREATMENT/EVENT/PHOTO-VIDEO RELEASE FORM**

**YOU MUST FILL THIS OUT COMPLETELY-PLEASE PRINT IN INK.  
INDICATE "Non-Applicable" WHEN NECESSARY AND SIGN THE THREE PLACES ON BACK!**

**STUDENT MINISTRY OF SECOND BAPTIST CHURCH-CONWAY, AR**

Name of Student: \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_/\_\_\_/\_\_\_

Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: Conway/ Other \_\_\_\_\_ State AR Zip \_\_\_\_\_

Phone #'s: \_\_\_\_\_ Business \_\_\_\_\_ Cell/Other \_\_\_\_\_

- If we cannot reach parent(s), my child may be entrusted to the following people.  
(Please list two: other than person listed above)

1. Name \_\_\_\_\_ (relationship) \_\_\_\_\_ Phone \_\_\_\_\_  
 2. Name \_\_\_\_\_ (relationship) \_\_\_\_\_ Phone \_\_\_\_\_

**We MUST  
Have A  
Current  
Photo:  
Affix Here**

- **Physician's Name** \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- **Insurance Company** \_\_\_\_\_ Policy# \_\_\_\_\_  
 Address \_\_\_\_\_ Group# \_\_\_\_\_  
 Agent's Name \_\_\_\_\_ Phone \_\_\_\_\_

- **Person Responsible for Payment:** \_\_\_\_\_ SS# \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Immunizations:** (year) Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Measles \_\_\_\_\_  
 Mumps \_\_\_\_\_

**Blood Type** (if known)  A+  A-  B+  B-  O+  O-  AB+  AB-  other \_\_\_\_\_

**PAST MEDICAL HISTORY**

- Indicate all childhood diseases: Chicken Pox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough \_\_\_  
 Other \_\_\_\_\_

- Indicate all of the following illnesses, diseases, or medical conditions the student has or has had:

Asthma  Bronchitis  Chronic upset stomach  Hyperactivity  Diabetes  
 Dizziness  Epilepsy  Heart Condition  Hemophilia  Hepatitis  
 Colitis  Sinusitis  Seizures  Kidney Conditions  Other \_\_\_\_\_  
 Depression  ADD  ADHD

- List any family/hereditary illness or medical conditions \_\_\_\_\_

- Previous operations/critical surgical procedures and the results \_\_\_\_\_

**ALLERGIES :**

- History of anesthesia reactions (self or family)? \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

- Allergic to any of the following medications? \_\_\_ Yes \_\_\_ No If so, which one(s):  
 \_\_\_ Aspirin \_\_\_ Codeine \_\_\_ Morphine \_\_\_ Penicillin \_\_\_ Sulfa \_\_\_ Other \_\_\_\_\_

**CURRENT MEDICINES :**

- List any and all medications you are currently taking on a regular basis: \_\_\_\_\_

**SPECIAL DIET?** Please list name and content:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ **SPECIAL EVENT RELEASE**

Please understand that "extremely high risk" activities will **NEVER** be formally approved, scheduled or endorsed by the Student Ministries of Second Baptist Church. However, ministry events or trips may place a student(s) near some activities that do involve some risk. It is the parent's responsibility to properly instruct their child in what is acceptable as an activity in concurrence with the 2BC Student Ministry program. In the event a student decides to participate in a non-approved, un-scheduled or un-endorsed activity during "free time" on a trip OR any other time, they do so directly **AGAINST** the leadership of this program.

The following activities, among others, will potentially be endorsed and scheduled by the Student Ministries of 2BC. Indicate with a mark, the activities your child **CANNOT** participate in, should one of the activities be scheduled.

(Note: When applicable, a licensed and trained professional will direct some of the following activities.)

- Construction Projects       Canoeing/kayaking       Cliff Jumping       Boat Riding       Fishing
- Hobie Sailing       Horseback Riding       Jet skiing       Mopeds       Rappelling
- Mountain Climbing       Snorkeling       Snow skiing       "Stealth" Games       Swimming
- Tubing       Water parks       Water skiing       Whitewater Rafting       Ropeswings
- Paintball Games       Theme Parks       Impact Sports (i.e. football)

➤ List any other activities that you forbid your child to participate in: (bungee jumping for example!) Please Ask Questions!

➤ **I acknowledge that I have read the above high/low risk information and affirm that my child cannot participate in the indicated or checked activities. Other than the indicated or checked activities, I know of no reason why my child should not participate in the activities of the Student Ministries of Second Baptist Church-Conway.**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent or Legal Guardian's Signature**

❖ **PHOTO/VIDEO RELEASE**

**I understand that as a participant, my child may be photographed and/or videotaped during Student Ministry activities. These photos/videos may be used in presentations and/or promotional materials. By signing, I release Second Baptist Church to use these photos and/or videos for Student Ministry activities.**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent or Legal Guardian's Signature**

❖ **TREATMENT RELEASE**

**FULL PERMISSION AND CONSENT** is hereby granted for the Youth Pastor(s), bus/van drivers, Interns/workers, and/or other duly appointed Chaperones of Second Baptist Church, to obtain necessary medical and/or dental attention for my child/dependant in case of an emergency through the care of a consulting physician and/or dentist, if the parents or legal guardian cannot be reached. This treatment may include examinations, x-rays, anesthetic, medical diagnosis, anesthesia, surgical procedures or treatment through prescribed medicines. In the event of a major illness or need for surgery, parent's special permission will be sought by the hospital and attending physician prior to treatment.

**SPECIAL NOTE TO PARENTS OR GUARDIANS:** As the parent or guardian of the above minor, **you are responsible** to provide any new and important medical information to the Student Ministry office to update this form. The original will be kept on file at Second Baptist Church. At your request, a copy of this form will be returned to you for your records.

This is a very in-depth release form. We want to make sure that we are prepared the best that we can be for any type of situation. **However, there are risks involved with virtually every situation and you need to be aware of that.** If you have any questions about any of this release form, please contact the Student Ministry office of Second Baptist Church, 501.327.6565. Thank you for your help and understanding.

❖ **PARENT or GUARDIAN SIGNATURE (S)** (if 21 or older, you may sign yourself)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Father/Legal Guardian's Signature**

**Mother's Signature**

**Form Needs to Be Notarized By a Notary Public:**

\_\_\_\_\_  
**Notary Signature**

\_\_\_\_\_  
**Date**

