

**Man Camp  
October 24-25, 2014**

**Parental Consent / Medical Release Form**

**STUDENT INFORMATION**

Name: \_\_\_\_\_

Male  Female

DOB: \_\_\_\_ | \_\_\_\_ | \_\_\_\_\_

School Grade: \_\_\_\_\_

**PARENT INFORMATION**

Name(s): \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Policy / Member Number: \_\_\_\_\_

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

Company Phone: (\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_

**MEDICAL HISTORY** *(please mark all that apply)*

Drug allergies

Mental disability

Date of last tetanus:

Seizure disorder

Insect sting allergies

\_\_\_\_ | \_\_\_\_ | \_\_\_\_\_

Cardiac problems

Physical disability

Special notes:

Epilepsy

Nervous disability

Diabetes

Other: \_\_\_\_\_

Asthma

Are immunizations up-to-date?  Yes  No

Past Medical Treatment:

Current Medications: (Rx and over-the-counter)

Describe any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or considerations while at the program:

**EMERGENCY CONTACT**

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**CONSENT & RELEASE**

I hereby authorize the participation of \_\_\_\_\_ in activities of The Southern Baptist Theological Seminary. In consideration of The Southern Baptist Theological Seminary providing these activities, I, on behalf of myself and other parents and guardians of the minor, do hereby release The Southern Baptist Theological Seminary, its officers, employees, and agents from all claims and causes of action by reason of any injury which may be sustained as a result of these conference activities, whether on the seminary premises, at another location, or on the way to or from these activities. I agree to the aforementioned to cooperate and to conform to directions and instructions of personnel of the organization in charge of these activities. Should this individual choose not to do so, and should those leading an activity believe it necessary, I will come and remove my child from the activity as soon as possible after being called by a staff representative for that purpose. I understand and agree to leadership having access to my child's room when necessary.

I hereby give my permission to The Southern Baptist Theological Seminary to secure a physician, nurse, or dentist for the purpose of providing emergency medical or dental aid, including transportation to and from necessary facilities, as may be required by the illness or injury of the above named individual. I further agree that I will not hold the Seminary responsible or liable for its actions taken in such an emergency situation.

This authorization shall remain effective until revoked in writing delivered to The Southern Baptist Theological Seminary.

X \_\_\_\_\_  
*Signature of parent, legal guardian, or student over 18*

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