

**Brandon Baptist Church Student Ministry
Medical Information and Release Form**

Today's Date: _____

Name of student _____ Date of Birth _____ Phone _____

Address _____ City _____ State _____ Zip _____

In case of an emergency, and medical attention is needed, the supervisors of Brandon Baptist Church have my permission to seek medical attention.

My **Medical Insurance** is with _____

and the policy number is _____

Please list any **allergies** your student has: _____

Please list any **prescription medications** your student takes: _____

Parent Cell (_____) _____

If I can't be reached at these numbers please contact _____

Their number(s) is/are: _____

***Please attach a copy of your medical insurance card (front and back) to this form.**

I certify any licensed medical doctor to x-ray and/or medically treat my child in any emergency.

I understand that Brandon Baptist Church or its workers will not be held liable for any accidents.

I give consent for Brandon Baptist Church to use any pictures taken of my child for church sponsored publications, advertisements, websites, etc.

Parent/Guardian Name Printed

Parent Guardian Signature