

# VISTA GRANDE BAPTIST CHURCH STUDENT MINISTRY

## MEDICAL RELEASE FORM / PERMISSION TO TREAT 2021-22

**Participant Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender (M/F):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Secondary contact to notify in event of emergency:** \_\_\_\_\_

**Their relationship to you:** \_\_\_\_\_ **Their phone:** (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_  
(if participant is under 18)

PLEASE SUPPLY THE FOLLOWING INFORMATION AND ATTACH A COPY OF YOUR INSURANCE CARD.

**Medical Insurance CO.:** \_\_\_\_\_ **Group#:** \_\_\_\_\_ **Policy#:** \_\_\_\_\_

**Company's Address:** \_\_\_\_\_ **Company's Phone:** (\_\_\_\_) \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Family Physician's Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

Physical Limitations (Asthma, diabetes, allergies, etc), and/or special instructions (Allergic to certain meds or foods, rare blood type, wears contact lenses, etc.):

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

List ALL medication taken on a regular basis and/or any brought with you to this event (Prescription meds MUST have a pharmacy label and name of doctor):

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

List all operations/serious injuries and dates within the past five years:

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

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**EMERGENCY AUTHORIZATION** – I (*or parent on behalf of minor*) hereby give permission to medical personnel selected by the participant's leader, designee or other church sponsor to order X-rays, routine tests, and treatment for myself. In the event of the emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections, and/or anesthesia, and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, or the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

**UNDERSTANDING OF LIABILITY** – I understand that there are risks involved in taking place in activities related to participation in overnight functions. I (*or parent on behalf of minor*) agree to assume all risks inherent in such functions.

Having been made aware, to the extent practicable, of the kinds of risks and dangers inherent in the proposed ministry activity, I hereby release VGBC and its employees from any and all liability to me, my family, or my estate for acts or omissions related to my participation in the specific mission identified.

**YEARLY FORM** – I understand that once signed and notarized, this form is valid for ALL youth activities sponsored by VGBC in the State of Colorado and outside the State of Colorado, beginning August 15, 2021 through August 15, 2022.

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Signature (*Or parent/guardian if under 18*)

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Date