

# Community Student Ministries Medical Release Form

Do you have medical Insurance?  Yes  No (Please submit a copy of your insurance card)  
Are your vaccinations up to date?  Yes  No

**Health History** (Please circle any that apply):

Asthma • Fainting Spells • Convulsions • Diabetes • Heart Troubles • Sports Restrictions  None of the above   
Other \_\_\_\_\_

Do you have an allergy or reaction to medication/food/bees?  Yes  No  
If so, what? \_\_\_\_\_

Will you be taking any medication during the trip?  Yes  No  
If so, what? \_\_\_\_\_

Do you have back or knee problems?  Yes  No  
If so, explain. \_\_\_\_\_

Do you have any medical problems that restrict your physical movement in any way?  Yes  No  
If so, explain. \_\_\_\_\_

By my signature, I agree that I/my child \_\_\_\_\_, will participate fully in this Student Ministry Event. I understand that by my signature I contract and agree as follows: I authorize any of the leaders to obtain any and all necessary medical and/or dental attention and/or treatment for myself/my child, including surgical procedures if advised by an attending physician. I knowingly release, absolve, indemnify, and hold harmless Community Bible Church, its employees and volunteers from all claims that might result from any injury and/or death to myself/my child. This agreement pertains to all programs and activities including those where transportation is provided. Should medical help be needed, I agree to pay either directly and/or through my own personal health and accident policy all medical or hospital costs incurred for myself/my child. I have listed any and all special medical problems concerning myself/my child and I state that I have been given the opportunity to discuss these with one or more of the adult leaders.

**DO NOT SIGN BELOW UNLESS IN THE PRESENCE OF A NOTARY PUBLIC**

If you need a notary, please call 404-861-8427 or email [mandy.menzel@communitybiblechurch.com](mailto:mandy.menzel@communitybiblechurch.com).

\_\_\_\_\_  
Signature of parent/legal guardian or adult participant

\_\_\_\_\_  
Date

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
\_ Notary Public in and for the State of Georgia