

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 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, we have staff members/volunteers available on Sunday mornings and Wednesday evenings. To set up a different time to meet, please call 404-861-8427 or email 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