# 2023-2024, 6th-12th Grade, Medical & Van **Release Form**

## **Medical Release**

Youth's Name: *		
Phone Number *		
Mailing Address *		
DOB *		
Paarent's Names:*		
1 Parent or Guardian's Name		
Email		
Phone		
Gender		
Contact Preference		
Relationship to child	☐ Parent ☐ Legal Guardian	

#### **Medical Care & Medical Information** Authorization \*

Name of Guardian and Relationship to child

Medical Care & Medical Information Authorization TO THE ATTENDING PHYSICIAN, HOSPITAL AND STAFF:

Permission is hereby granted for you at the discretion of the staff and/or sponsors of Island Baptist Church/LH Center to perform whatever care is necessary for the welfare of my child until such time as you are able to reach us personally. \*Must be natural or adoptive parent, or legal

guardian Sign and Date Below

### Signature of Parent or Gardian's \*

Hospitalization Insurance, Allergies & Medicines Information\*

1
Insurance Holder's Name
Insurance Company *
Policy Number *
Certificate Number *
Name of Insured *
Immunization and Date Received *
Name of Physician(s) *
Physician(s) Phone Number(s) *
List of known allergies
List of any permanent drugs your child is presently taking.
State the frequency and dosage of each drug

# Junior High, 6th-8th Grade Van Permission\*

Persons to be contacted in case of emergency

1

**Emergency Contact** 

**Home Phone Number** 

Office Phone Number

**Mobile Phone or Pager Number** 

**Alternate Contact Name** 

**Home Phone Number** 

Office or Cell Phone Number

## Van Permission \*

Physical Address

Also, I give my youth permission to ride the Island Baptist Church van in order to attend church activities including: Trek, Sunday School, special events, and pick up and drop off at home, but not limited to those listed. Youth must wear seat belt at all times while in the van, and failure to do so could result in he/she not being able to ride the church van. Please Print Physical Address and add your signature below.

## **Van Permission**

Parent or Guardian Signature

Please indicate below if you do or do not want pictures of your children posted on our website.

Liability Release *  Name and Relation to Child  I do hereby release absolve, indemnify and hold harmless Island Baptist Church, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above named person arising out of their participation in church sponsored events. In case of injury to our child, we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities. Enter your name and relation to child and sign below.	
Liability Release * Sign below	
Pictures on website *	☐ Yes

☐ No