



Covenant Baptist Student Ministry
PARENT CONSENT MEDICAL RELEASE FORM

I give permission for my son/daughter to attend the (event)

_____ at (location)
(_____
on (date) _____
with Covenant Baptist Church.

Students Name: _____

Date of Birth: _____

Address: _____
_____ zip _____

Parents' Names: _____

Day time phone: _____

Night time phone: _____

We assume all risk and hazards incidental to the conduct of the activities and transportation to and from the area. We do hereby release, absolve, indemnify and hold harmless the Covenant Baptist Church, the organizers, sponsors, and any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

Date: _____

Signature of Parent

Covenant Baptist Church
4521 Liberty Highway
Anderson, SC 29621
(864) 261-3343

TO THE ATTENDING PHYSICIAN OR HOSPITAL:

Permission is hereby granted for you at the discretion of the person in charge to perform whatever care is necessary for the welfare of my child until such time as you *are able* to reach us personally.

Signature of Parent *Date*

HOSPITALIZATION INSURANCE:

Company: _____

Policy number: _____

Certificate number: _____

Name of Insured: _____

Family Physician: _____
Phone: _____

IMUNIZATION: Date Received

Tetanus: _____

List of known allergies: _____

LIST ON BACK of this form all prescription drugs child will be taking while on trip- state frequency and dosage for each medication. Any other pertinent information medical or otherwise (asthma, diabetes, etc...)

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Work phone: _____

Home Phone: _____