

2012 Meridian Student Medical/Liability Form

We will keep this form on file for one year. If you need to update the form at any time either submit the information to the youth minister, or submit a new form. This is only a medical and liability release form. Your student will be asked to fill out a registration form for each individual special event that they attend. Thank you.

Grade in Spring 2012: _____ Grade in Fall 2012: _____

School: _____ Age: _____

Gender:

Male

Female

Date of Birth: _____

Student's Name: _____

Student's Address: _____

City: _____ Zip: _____

Student's Phone Number: _____ Student's Email: _____

Emergency Contact: _____

Contact Address: _____

City: _____ Zip: _____

Contact Phone: _____ Cell Phone: _____

Insurance Company: _____ **Policy Number:** _____

Medical Problems: _____

Allergies: _____

Current Medications: _____

I hereby give my permission for _____ to receive emergency medical and/or dental treatment from a physician in the event of illness or injury. I will not hold the staff, volunteers, or Meridian Baptist responsible for any incident or accidents that occur to my youth resulting from reasonable and prudent activities or volunteer action.

I hereby give permission for my student to be photographed or video taped for the student ministry website or to be used in future student ministry publications such as summer camp brochures, calendars, etc. Yes No

Parent Signature: _____

Date: _____