

Valley Baptist Student Ministry/4800 Fruitvale Avenue/661-387-6339

Release Form **Permitting Medical Treatment For A Minor** (Please Print)

Name Of Student: _____ D.O.B. ____/____/____ Gender: M F (circle one) Current Grade: _____

Home Phone: _____ Student's Cell Phone: _____ School Student attends: _____

Current Address: _____ Zip Code: _____ Email address: _____

Emergency contact: _____ Home () _____ Cell () _____

Father's name: _____ Cell Phone # _____ Work Phone # _____

Mother's Name: _____ Cell Phone # _____ Work Phone # _____

Guardian's name: _____ Cell Phone # _____ Work Phone # _____

Health History:

Does the Student have any physical, mental, or other medical conditions and restrictions? If so, please explain _____

Does the student have any known allergies to food, medication, insect bites or other allergens? If so, please explain _____

Date of Last Tetanus Shot: _____

If student is under the age of 18, I, the undersigned parent or legal guardian, gives Valley Baptist permission to administer the following medication (or its generic equivalent) to the student. (circle all that apply):

Tylenol Ibuprofen Benadryl Pepto Bismol Neosporin Sudafed

Current Physician: _____ Phone# _____

Primary Medical Ins. Company: _____ (attach copy of card) Policy # _____ Group # _____

Secondary Medical Ins. Company (if applicable): _____ (attach copy of card) Policy # _____ Group # _____

In Case Of Emergency - It is the policy of Valley Baptist Church in the case of illness, accident, or any other medical emergency to make a reasonable attempt to promptly contact the parent/guardian. It is required that we have you sign the following statement.

I/WE, the undersigned parents/guardian of _____, a minor, do hereby authorize VALLEY BAPTIST CHURCH, its representative to select transportation to their chosen licensed physician who may use upon and administer to the said child while attending him/her: x-ray examination, anesthetic, medical or surgical diagnosis or treatment, order injections, or hospitalize, as in the opinion of such physician is deemed necessary or advisable. I/WE, hereby give consent for my son/daughter to appear in photographs, audiovisual productions and/or any other means of publication media taken and used by Valley Baptist Church and its assigns or successors.

This form is Valid for all meetings, events, and activities effective 1/1/19 thru 12/31/19

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

Do you attend a church regularly? Yes No When you go to church, where do you go? _____