

# STUDENT MEDICAL RELEASE FORM

Temple Baptist Church...Hattiesburg, MS ...601-450-3000

\*\*\*THIS FORM MUST BE SIGNED IN THE PRESENCE OF THE NOTARY\*\*\*

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone Number - Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

If not available in an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Allergies, Disease, Illnesses, Injuries, or Operations \_\_\_\_\_

Currently prescribed medication \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Agency \_\_\_\_\_

Policy Number \_\_\_\_\_ Group # \_\_\_\_\_

I hereby grant the sponsors of Temple Baptist Church Student Ministry the authority to provide or sign for medical treatment for my child.

I hereby authorize the release of this information to any physician, hospital, or clinic as needed for medical care. I do not hold Temple Baptist Church liable for injuries, accidents, or illnesses incurred during a Student Ministry event. I understand that I am responsible for the expenses of my child's medical care and that my family insurance is primary. No other insurance is provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_

STATE OF MISSISSIPPI \* COUNTY OF \_\_\_\_\_ \*

I, \_\_\_\_\_, a Notary Public in and for said State and County do hereby certify that \_\_\_\_\_ personally appeared before me on this date and testified that the above statement is true and correct to the best of his/her knowledge.

Date this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public