

2010 Medical Release

Woodland Park Baptist Church Student Ministries

Please complete this medical release form and return it to the Student Ministry office. The completed form will be kept on file for the entire year of 2010. If you need to update the form at any time, you may do so in the Student Ministry office. This is **only** a medical release form. Your student will be asked to fill out a registration form for each individual event they attend. (Please return with a copy of the front and the back of your insurance card).
Thank you.

Student's Name: _____
Date of Birth: (mm/dd/yyyy): _____
Grade in 2010: _____ Age: _____ Male: _____ Female : _____

Student's Street Address: _____

City: _____ State: _____ Zip: _____

Student's Phone Number: () _____

Parent's Name(s): _____

Emergency Contact: _____

Contact Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Other: () _____

Insurance Company: _____

Policy Number of Person Attending Event: _____

Health Information/Current Medications we should know about (additional writing space on back): _____

Medical Release:

I, _____ (parent/guardian), give the adult sponsors of Woodland Park Baptist Church the authority and my permission to provide or sign for medical treatment for _____ (student's name).

(Date)

(Parent/Guardian Signature)

State of Tennessee:

County of Hamilton:

Sworn to before me this _____ day of _____.

(Notary Public)

My commission expires: _____.