

Medical Release & Permission Form
4208 26th Street West,
Bradenton, FL 34205
941-753-6465



Expires August 31, 2010

Student's Name: _____ Date of Birth: _____ Grade _____
Parent/Guardian Name(s): _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address: _____ City/State/Zip: _____
In case of emergency notify: _____ Phone: _____
Secondary Contact (non-parent) _____ Relationship: _____
Home Phone: _____ Cell/other phone: _____
Physician's Name: _____ Phone: _____
Hospital Preference: _____
Health Insurance Carrier: _____ Phone: _____
Policy # _____ Student's Social Security # _____

Medical History

Asthma Diabetes Dizziness Headaches Heart Trouble Kidney Trouble

Other Medical Conditions: _____

Allergies, including food allergies (specify): _____

List Medications student is taking: _____

As the parent or legal guardian of _____, a minor, I hereby verify that the above information is true and correct. I do hereby grant consent for him/her to receive medical attention in the event of sickness or injury while participating in **BCRC youth activities**.

We agree to hold Bradenton Christian Reformed Church, their heirs, administration, and agents, harmless from any and all liability for any loss, injury or damage sustained by any person or person(s), as a result of any incident. We further hold harmless and forever discharge all claims, demands, actions or cause of action on behalf of my child. We agree to indemnify said persons and church relatives to any loss, including attorney fees and costs, and any claims, demands or judgments against them as a result of any incident growing out of or arising from this trip.

Additionally, I understand that should my student be the cause of any disruptive or illegal behavior the leaders, at their discretion, have the authority to send my student home at my expense.

By: _____ Name: _____ Date: _____
Signature of parent/guardian printed name of parent/guardian

By: _____ Name: _____ Date: _____
Signature of student printed name of student