



Medical Release Form for Minors

This form is valid from January 1 through December 31, 2023.

Personal information:

Student's Name: _____

Date of birth: ____/____/____ Age: ____ Gender: M F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Information:

Parent/Guardian Name: _____

Home Phone: (____) _____ Work Phone: (____) _____

Secondary Contact: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

Insurance Information:

Please attach a copy of your insurance card to this form.

Personal Medical Information:

Physician's Name: _____ Phone Number: _____

Personal Physical Limitations (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain medications, rare blood type, etc.):

List all medication taken on a regular basis and/or any you may take during an event. (Prescription meds must have a pharmacy label and name of doctor.)

List any pertinent operations/serious injuries and dates within the past five (5) years:

Medical Consent and Release

I, _____, the parent or legal guardian of _____, do hereby give authority to any adult over 21 years of age who represents Parkview Baptist Church on a trip or retreat with Parkview Baptist Church to approve any medical or first aid treatment of said minor in the event of emergency due to sickness or accident while said minor is with the church activity. Any treatment would be with my full consent.

I understand that Parkview Baptist Church or its representatives on this trip will not be held responsible for any accident or sickness while participating in Parkview Baptist Church events.

Signature of Parent/Guardian: _____ Date: _____

Photo Release Consent

I, _____, the parent or legal guardian of _____, do hereby grant Parkview Baptist Church (PBC) permission to photograph him/her in conjunction with his/her involvement at PBC-sponsored events and to use photographs, video clips, and/or audio clips of him/her, free of charge, for the purposes of publicity, social media posts, and/or web content.

Signature of Parent/Guardian: _____ Date: _____