## STUDENT MEDICAL RELEASE FORM

Student Ministry – Meadowood Baptist Church June 16, 2025 – June 16, 2026

Name	Birthday	Grade in the fall
Address	School	
City/State/ZIP	Hor	me Phone ()
Parents' Name	Parent's Work	Phone ()
(or Guardians')	(or Guardian's)	
Emergency Contact	Phone # ()	Relationship
MEDICAL INFORMATION		
Family Physician	Phone ()	
Insurance Company	Policy #	Ins. Co. Phone ()
(Please attach co	ppy of Insurance Card - front & back, if possible	
Member's Name		
Date of Last Tetanus Shot:	Allergies	
Medications being taken currently _		
	ditions	
MEDICAL AND SURGIO	CAL WAIVER	
Also: Property Damage, Tran	sportation for Disciplinary Reasons and	d Personal Property Searches
staff, its representatives, sponsors, or any apparent or legal guardian of above mention representatives, the sponsors, or any attendamages, liabilities arising out of the treat I also assume financial responsibility for a become necessary for disciplinary reasons I also give my permission to the Meadowo	attending physician, to make such a decision necessary ed child, do release, acquit, discharge, indemnify and hading physician, from any and all actions, causes of action ment of any sickness or accidents and any financial response damage my child may cause, and for providing trans	rmission and consent to the Meadowood Baptist Church and proper under the circumstance. I, undersigned hold harmless Meadowood Baptist Church or its ons, related risks and dangers, including negligence, ponsibility for all medical treatment provided. sportation home should it  ponsors and chaperones to search my child's
Signature of Parent or Guardian	<u> </u>	Sworn to and subscribed before me this Day
Date		NOTARY PUBLIC, State of Oklahoma