

Kempsville Baptist Church (Everyone fills this out; only those under 21 need parent signature)
Please attach a copy of your insurance card!

Medical Release Form

Name: _____ Birthdate: _____
Address: _____ Age: _____
City/State/Zip: _____ Grade: _____
Phone #: _____

MEDICAL INFORMATION:

Allergies: (medications, food, insect bites...)

Medications taken on a regular basis:

Significant medical history (asthma, diabetes, past operations, serious illness, etc...)

Immunization Dates:

Tetanus: _____ Polio Booster: _____ Measles: _____
Mumps: _____ Other: _____

Health Insurance Plan _____

Name of Insured (Policy Holder) _____

Policy No. _____

Name of Primary Care Physician _____

Primary Care Physician's Phone (_____) _____ - _____

Parent/Guardian Name (please print) _____

Address (if different from above): _____

City/State/Zip (if different from above): _____

Phone: (Home) (_____) _____ - _____ (Daytime/Work) (_____) _____ - _____

Cell Phone: (_____) _____ - _____

If you cannot be reached, notify: _____ Relationship _____
(_____) _____ - _____ or (_____) _____ - _____

Permission for Treatment

My permission is granted for any Kempsville Baptist Church staff member or chaperone in charge of church-sponsored events to obtain necessary emergency medical attention in case of sickness/injury for _____ (name of student). I, the undersigned to hereby release, remiss and forever discharge all chaperones and Kempsville Baptist Church, Virginia Beach, VA, from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the event. I also agree to update this form should there be a change in information, or if the need should arise to provide additional information, during the time when this medical form is in effect.

Parent/Guardian Signature: _____

Date: _____

Parental Authorization

Event: High School Mission Trip

Location: Abingdon, MD

Date of Trip: Aug. 15-19, 2018

Time of Departure: Aug. 15 at 9:00am

Time of Return: Aug. 19 around 6:00pm depending on traffic

Adult Counselors: Ricky Allen, Nikki Allen, McKenzie Miles, Matthew Nichols
& Tim Zittle

Method of Transportation:

Church Bus

Matt's personally owned vehicle

Rental van

Other: _____

Some activities on this trip may include:

Yard Work

- (high – medium – **low** risk)

Door-to-door Neighborhood Canvassing

- (high – medium – **low** risk)

Free Time in Baltimore

- (high – **medium** – low risk)

*Please list any activities your child will not be participating in that may be associated with this trip:

Acknowledgement of Liability

My child has my permission to go on this trip sponsored by the Student Ministry division of Kempsville Baptist Church. My child has permission to participate in the activities that will be involved with this trip. My child also has permission to ride on the church bus and/or personally owned vehicles of the adult sponsors listed above. I understand that the necessary safety precautions will be taken for the supervision of my child.

The church has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital. I recognize that this church does not provide medical insurance for my child and my child is physically fit to participate in the activity indicated above.

I have read this waiver and do not have any questions about the words used or their meaning.

Student's Name _____

Parent/Guardian Signature _____

Date: _____