



CYPRESS KIDS

Student Medical Release Form

Participant Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Emergency Contact Person

Parent / Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (cell) _____ (home) _____ (work) _____

Alternate Contact Person

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (cell) _____ (home) _____ (work) _____

Insurance

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? Yes _____ No _____

Name of Insurance Company _____

Policy Number _____ Group Number _____

In whose name is the insurance _____

Family Doctor

Name _____ Phone _____

City _____ State _____ Zip Code _____

If your child should require medical attention for injuries received or illness contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the children's ministry.

Health History

Pre-existing or present medical conditions _____

Name and dosage of any medications that must be taken _____

Any Allergies _____

Hay Fever _____ Heart Condition _____ Diabetes _____ Insect Stings _____

Epilepsy/Nervous Disorders _____ Asthma _____ Frequent Stomach Upsets _____

Physical Handicap _____ Any major illness during the past year _____

If any of the above are checked, please give details (include normal treatment)

Date of last tetanus shot _____ Contact Lenses _____

Any Swimming Restrictions (yes) _____ (no) _____

If yes, what _____

Any Activity Restrictions (yes) _____ (no) _____

If yes, what _____

Permission for Medical Treatment, Release and Indemnity

My permission is granted for the camp or event director, church official, any event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of illness or injury to my child. I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the church activities, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Cypress Baptist Church through its accident policy will be used as a backup for what my family's insurance does not cover.

I, the undersigned, do hereby verify that the above information is correct. I do hereby release and forever discharge Cypress Baptist Church, camp or event sponsors, the state convention, and their employees from any and all claims, demands, actions or causes of actions, past, present, and future arising out of any damage or injury while employed by or participating in a camp or event.

I agree that Cypress Baptist Church may ____ may not ____ take and use photographs of my child with or without his/her name and for any lawful purpose, including for such purposes as publicity, illustration, advertising, and web content.

Sign Below (Participant under 18 years of age requires Parent / Legal Guardian Signature)

Participant's Signature _____ Date _____

Parent / Legal Guardian Signature _____ Date _____