

2010

Brookwood Student Medical Permission & Release Form

Please Print or Type

****Complete both sides**

Last Name _____ First _____

Address _____ City _____ State _____ Zip _____

Age _____ M/F _____ Grade _____ Phone No. _____

Date of Birth ____/____/____ Parent's Name _____

Parent's work phone no. _____ Cell _____

Insurance Co.& Policy No. _____

Insurance Co. Address & Phone _____

(Please provide a copy of both sides your Insurance Card.)

Immunization Status/Dates _____

Allergies: Food _____ Medicines _____

Insect/Natural Elements _____

Wear contacts? Y N Prone to Faint/Blackout Y N

Diabetic? Y N Taking Insulin? Y N

Who administers your medication? _____

Name of medication currently taking _____

For what? _____

Any other information that may be helpful to physicians should you require medical attention (rare blood type, allergic to penicillin,)

(Please fill out other side)

Medical/Surgical Waiver

I am the parent and/or legal guardian of _____, a minor, and hereby acknowledge that said minor is presently under my care, custody, and control. In the event that there rises an emergency, necessitating medical/surgical attention, I hereby consent and give my permission to Brookwood Baptist Church of Shreveport, Louisiana, or its representatives, sponsors, or any attending physician, to make such decisions and perform such medical treatment and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian, to release, acquit, discharge, and covenant to hold harmless, Brookwood Baptist Church of Shreveport, Louisiana, or its representatives, and sponsors from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident, incurred by my said child.

Parent/Guardian signature

In case of an emergency, if parent cannot be reached contact:

Name

Phone No.

Parent Cooperation Statement

I understand that my son/daughter will be sent home and I will be called to furnish transportation if he/she does not adhere to the established guidelines.

Parent's signature

My Contract

I understand that I will be sent home if I do not adhere to the rules. I will conduct myself in a Christ-like manner and pray that God will speak to me through these events.

Student signature