

STAY CONNECTED



Jr. High & High School Medical Release

Valid from August 2017-July 2018

For students grades 7-12 to participate in youth activities.

Skyline Baptist Church - 3451 Liberty St. North Bend, OR 97459

www.sbcnb.org - Phone: (541) 756-3311 - Fax: (541) 756-8879 email: jkintigh@sbcnb.org

David Woodruff, Senior Pastor; Tim Young, Assoc. Pastor; Josh Kintigh, Youth Pastor; Loy Huntzinger, Children's Ministry Director

Information

Student's Name _____ Date of Birth _____ Male / Female
Student's E-mail _____ Student's cell phone _____
Grade entering **fall 2017** _____ School Attending _____
Parent / Guardian Names: _____
Address, City, Zip _____
Parent's Phone _____ Parent's Cell Phone _____
Parent's E-mail _____ Home Church (if any) _____

Medical Information & Release

EMERGENCY CONTACT: (Name) _____ Phone: _____
Doctor's name: _____ Location/Phone: _____ Is child's tetanus current? Yes ___ No ___
Allergies to: Insect stings ___ Drugs ___ Foods ___ Other: _____ Describe allergies and normal treatments:

OTHER CONDITIONS WE NEED TO BE AWARE OF: _____

Medications being taken: _____

Activity Restrictions Yes ___ No ___ If yes, please explain: _____

Our church's insurance is only secondary insurance. If you have insurance, your carrier will be billed for medical charges in the case of illness or injury while participating in youth activities.

Do you have health insurance? Yes ___ No ___ If so, please fill out the following:

Name of Insurance Company _____ Policy # _____

Address of Insurance Company _____

Medical Release In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by a Skyline Church representative to hospitalize, to secure proper treatment, and/or order an injection, anesthesia or surgery for my son or daughter as deemed necessary.

Liability Release By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in Vacation Bible School activities and agree not to hold Skyline Baptist Church, or any of their members, staff or volunteers liable for damages, losses or injuries to the person or property under-signed. The Parents/guardians understand that they are signing for the minor listed on this form and the signature is both for medical and liability release. In addition, the parent or guardian hereby authorizes Skyline to use, reproduce, distribute, and display their child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the church.

Parent/Guardian Signature _____ Date _____