

# VALLEYDALE STUDENT MINISTRY MEDICAL / RELEASE FORM

Please fill out completely and print legibly

Name of Participant \_\_\_\_\_ Sex – M\_\_ F\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School \_\_\_\_\_ Hm Phone (\_\_\_\_) \_\_\_\_\_ Wk Phone (\_\_\_\_) \_\_\_\_\_  
Church Member? \_\_\_\_ If Yes, Where? \_\_\_\_\_ Date of Birth \_\_\_\_-\_\_\_\_-\_\_\_\_

## Student's Health History

In case of emergency, notify \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Student Social Security \_\_\_\_\_-\_\_\_\_-\_\_\_\_  
Operations/ serious injuries in the last six months \_\_\_\_\_  
Serious ivy, oak or sumac poisoning \_\_\_\_\_  
Allergic reactions: \_\_\_\_ Penicillin \_\_\_\_ Tetanus \_\_\_\_ Insect bites/bee stings \_\_\_\_\_  
Other \_\_\_\_\_  
Date of last Tetanus shot – Month \_\_\_\_\_ Year \_\_\_\_\_  
Other Chronic diseases/health problems \_\_\_\_\_  
Prescription medication(s) student is currently taking (1) \_\_\_\_\_ Dosage \_\_\_\_\_  
(2) \_\_\_\_\_ Dosage \_\_\_\_\_ (3) \_\_\_\_\_ Dosage \_\_\_\_\_  
Parents' personal medical notes concerning student \_\_\_\_\_

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## **RELEASE AND INDEMNIFICATION**

The undersigned participant and parent or legal guardian of the participant hereby releases, acquits, and forever discharges Valleydale Baptist Church of Birmingham, Alabama, their employees, agents, successors and assigns, from all suits, damages, claims, proceedings, demands, and liability from any such injury, harm, or damage that the participant may incur during any participation in the High School Ministries events, trips, etc.

It is further agreed that the participant and/or the parent or legal guardian for the participant, shall indemnify and hold harmless Valleydale Baptist Church, their employees, agents, successors or assigns, for all claim of any nature whatsoever, whether in form of legal or equitable actions, that can be brought as a result of the participants own negligence while participating in any activity herein.

Furthermore, in the event of an accident, if the said staff or representatives are unable to contact the parent or guardian, the undersigned parent or legal guardian of the participant hereby grants permission to said staff or representatives to administer necessary first aid, and/or take applicant to the nearest medical facility for additional treatment.

Signed and agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 200\_.

Participant \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

Notary Public \_\_\_\_\_