

# 2021 Health/Media Release Form

Second Baptist Student Ministries • Second Baptist Church, Lancaster, SC

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_

City and Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

## ***Parent/Guardian Information:***

Parent/Guardian Name(s) \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

## ***Alternate Contact Information:***

Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

## ***Physician/Insurance Information:***

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Co: \_\_\_\_\_

Address & Phone of Insurance Co: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Group and Member #: \_\_\_\_\_

***(Turn over)***

**Health History:**

Pre-existing or present medical conditions: \_\_\_\_\_

\_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please check any conditions that apply:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> Hay Fever              | <input type="checkbox"/> Heart Condition            | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Insect Stings          | <input type="checkbox"/> Epilepsy/Nervous Disorders | <input type="checkbox"/> Asthma   |
| <input type="checkbox"/> Frequent Stomach Upset | <input type="checkbox"/> Physical Disability        | Other _____                       |

Any major illnesses in the past year? \_\_\_\_\_

Any activity/swimming restrictions? \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

**Medical Release Statement:**

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, 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.

I understand that this Health/Medical Release Form will be completed annually and that I will have the opportunity to update the information each time I complete a Permission Slip for a specific activity for my child.

**Media Release Statement:**

I understand that most Student Ministries events are video recorded and/or photographed. I hereby authorize Second Baptist Church of Lancaster, SC (SBC Lancaster) and/or their agents to use photographs or video of my child for promotional purposes. I specifically understand that SBC Lancaster shall hereby retain any and all rights in respect to the photograph(s) and/or video/film project(s) and/or web-site/internet project(s), including but not limited to, the rights to reproduce, copy/edit, exhibit, publish, or distribute such photograph(s) and/or video/film project(s) and/or website/internet project(s).

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_