

201 W Fourth St  
Corbin, KY 40701



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## Medical Release Form for January 1, 2019 - December 31, 2019

Child's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Instagram Handle: \_\_\_\_\_ Twitter Handle: \_\_\_\_\_

Church Home \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who can pick up your child from events?

**Please supply ALL of the following information.**

Medical Insurance Co.: \_\_\_\_\_

Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

Company's Address: \_\_\_\_\_ Company's Phone: \_\_\_\_\_

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

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any current medical conditions:

Please list allergies to medicines, rare blood type, wears contact lenses, etc.

List ALL medication taken on a regular basis and/or any medication currently being taken. (Any medication taken on trips must be in original container with pharmacy label and name of doctor affixed).

List all operations/serious injuries and dates within the past five years:

Date of last Tetanus Shot: \_\_\_\_\_

**Emergency Authorization**—I hereby give permission to medical personnel selected by the participants sponsor/minister of Central Baptist Church, Corbin, KY, to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the participant's sponsor/minister of Central Baptist Church, Corbin, KY, to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Central Baptist Church of Corbin, KY, its volunteers, or employees from liability associated with participation in activities with Central Baptist Church of Corbin, KY.

Further, I understand that this information will be kept on file for the current year. If any new information arises, I understand that it is the responsibility of the parent/guardian to make corrections by informing Central Baptist Church, Corbin, KY.

Furthermore, I understand and consent that my child will be transported in a vehicle by a member of Central Baptist Church.

Furthermore, I certify that the Health History described above is accurate to the best of my knowledge and the person herein described has permission to engage in all prescribed activities except as noted below.

**Photo-Video Release:**

I understand that as a participant, my child may be photographed or videotaped during student ministry events. I also understand that these photos or videotapes may be used in presentations and promotional materials. By signing, I allow Central Baptist Church of Corbin, KY, to use these photos or videotapes. I release Central Baptist Church of Corbin, KY, and all youth workers involved from any and all liability.

*Signature of Parent/Guardian*

*Date*

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