

**East Pointe Church - Medical Release Form for 2011**  
Elevate Student Ministries – Pastor to Students: Bruce Collier

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_  
PARENT/GUARDIAN NAME(s) \_\_\_\_\_ EMAIL \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY STATE ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
ADDITIONAL WORK PHONE \_\_\_\_\_ ADDITIONAL CELL PHONE \_\_\_\_\_  
EMERGENCY NOTIFICATION \_\_\_\_\_ TEL. # \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_ TEL.# \_\_\_\_\_  
INSURANCE COMPANY\* \_\_\_\_\_ POLICY # \_\_\_\_\_

**MEDICAL HISTORY**

**CHECK ANY BELOW THAT MAY APPLY**

Asthma                      Sinusitis                      Bronchitis                      Kidney trouble  
Diabetes                      Heart trouble                      Dizziness                      Stomach upset  
Hay fever                      Other

(list other) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

**ALLERGIES**

Food \_\_\_\_\_ Penicillin or other drug (name) \_\_\_\_\_  
Insect sting/bites \_\_\_\_\_  
Poison sumac, oak, ivy \_\_\_\_\_

Do you have any other special health information that we should be aware of? Yes No  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL RELEASE (must be signed in the presence of a Notary)**

I, \_\_\_\_\_ (parent/guardian), give the adult workers with the youth of East Pointe Church the authority to provide and/or sign for medical treatment for \_\_\_\_\_ (student name).

Signed \_\_\_\_\_ Date \_\_\_\_\_

**LIABILITY RELEASE (must be signed in the presence of a Notary)**

I have given permission for my son/daughter \_\_\_\_\_ to participate in the activities of the youth group of East Pointe Church. I further agree to release East Pointe Church and its workers/volunteers from any liability in the event of any injuries, accidents, or illnesses incurred during these activities. Permission is given to photo/video my student(s) for promotional/event review purposes.

Signed \_\_\_\_\_  
Date \_\_\_\_\_  
**Please attach a copy of your insurance card.**

State of Florida  
County of \_\_\_\_\_  
This instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2010 by \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_ - Notary Public (seal)  
\_\_\_\_\_ personally known to me  
\_\_\_\_\_ who produced identification: \_\_\_\_\_

**\*\* Please note that this form will be used and accepted for all youth ministry events for the entire 2011 calendar year. It is essential that the East Pointe Church is informed of any changes in your child's medical history during 2011.**