

**FRUIT COVE BAPTIST CHURCH**  
**2019-20 Student Ministry - MEDICAL RELEASE FORM**

I, as parent/guardian of \_\_\_\_\_, grade \_\_\_\_\_, release Fruit Cove Baptist Church, its agents, and employees from any claims or causes of action arising from or connected with transportation to and from, and attendance on all student ministry related events in 2019-2020.

I further agree that Fruit Cove Baptist Church, its agents, or employees are authorized to provide such medical care treatment as may be necessary, in their judgment, during such transportation and activities.

Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials (i.e. website, social media, etc.).

Student's Name \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Student's Age \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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

STATE OF FLORIDA  
COUNTY OF DUVAL/ST. JOHNS

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
by \_\_\_\_\_.

**Stamp of Notary**

\_\_\_\_\_  
Signature of Notary

Personally Known \_\_\_\_\_  
Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

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**Medical Information**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance: Yes  No  Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

1. Does youth have any known allergies? Yes  No   
If yes, what? \_\_\_\_\_

2. Any allergies to medicine? Yes  No   
If yes, what? \_\_\_\_\_

3. Does youth have any physical disabilities? Yes  No   
If yes, what? \_\_\_\_\_

***\*If student suffers from any emotional difficulties or is currently receiving counseling, please inform Student Ministry Pastors before sending student to camps or on any trips.***

4. Does youth take any medications regularly? Yes  No   
If yes, what? \_\_\_\_\_

5. In case of emergency, please check the following:  
 Permission to seek care in case of emergency