



PGBSM

Pleasant Grove Baptist Church Student Ministries

1279 South Frontage Road, Fountain Inn, SC 29644 (864) 862-2165

PERMISSION/MEDICAL RELEASE FORM

YOUTH INFORMATION

Student's Full Name: (Please Print)

Birth Date: ____/____/____ Age: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

PERSON TO NOTIFY

HOME PHONE

CELL PHONE

Mother: _____ Home _____ Cell _____
Employer & Phone: _____ Work Phone _____

Father: _____ Home _____ Cell _____
Employer & Phone: _____ Work Phone _____

If Parents are unable to be reached contact: _____
Home _____ Cell _____

MEDICAL INFORMATION

Date of Student's Last Tetanus Shot: ____/____/____

Allergies (Food, Drugs, Ect.: _____

General Medical History: _____

Currently on any prescription drugs or medication? ____ Yes ____ No
If Yes, what? _____

Additional Comments or Info we should be aware of: _____

Please Attach
A Recent Photo

Height: _____ feet _____ inches
Weight: _____
Hair Color: _____
Eye Color: _____

INSURANCE INFORMATION

(Please Attach a copy of your insurance card!)

Insurance Company or Group: _____
Insurance Company Address: _____
Policy #: _____
Group #: _____
In whose name is the insurance? _____
Insurance Company Phone #: _____
Extra Insurance information if needed: _____

PERMISSION/MEDICAL RELEASE AGREEMENT

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 that I am unavailable for purposes of providing parental consent, I, the undersigned parent or guardian of _____, a minor, do hereby authorize adult workers with the Student Ministry of Pleasant Grove Baptist Church, of Fountain Inn, South Carolina, to consent to any examination, x-ray, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or other medical center. I hereby authorize the physician (s) and staff of a licensed hospital or other medical facility to provide such hospital care that includes diagnostic procedures and medical treatment as necessary to my minor son or daughter while participating with Pleasant Grove Baptist Church. I, the undersigned, do hereby verify that all information on this form, front and back, is correct and I do hereby release all adult group leaders from any and all claims, demands, actions or cause of action, past, present, or future arising from any damage or injury while participating with Pleasant Grove Baptist Church of Fountain Inn, SC on a church sponsored outing or trip.

This shall be valid for one year from the date listed below.

Dated _____

SIGNED: _____ Relation: _____

(If student is over 18 years of age)

Signature of Student: _____ Date: _____

WITNESS/NOTARY

The above parent/guardian appeared before me and in my presence executed the within and forgoing permission and medical release form.

Witness my hand and official seal this _____ day of _____, _____

My commission expires: ____/____/____

SIGNED: _____ Notary Public

Notice: Unless revoked by giving reasonable notice, this Medical Authorization and Release Form is valid for one year and will be maintained at the Pleasant Grove Baptist Church Office by the church staff.