

ELEVATE Registration and Medical Release Form

Student Name _____ Phone (H) _____
Address _____ E-mail _____ Student's Cell _____
City _____ State _____ Zip _____ Birth date _____ Sex M F
Church member? Yes No If yes, where _____ Grade _____
Father's Name _____ Cell /Business Phone _____
Mother's Name _____ Cell /Business Phone _____
Emergency Contact (other than parent) _____
Their relationship to the child: _____ Their Phone _____

MEDICAL INFORMATION

Do you have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions? Yes No. **If yes, please state problems:**

List ALL medication taken on a regular basis: _____

List all operations/serious injuries and dates with the past five (5) years: _____

Please supply ALL of the following information.

Insurance Co. _____ Policy # _____

Subscriber Name: _____ Subscriber Number _____

Subscriber Place of Employment: _____ Occupation: _____

Family Physician: _____ Phone _____ Date of last Tetanus shot: _____

Emergency & Transportation Authorization:

I hereby give permission to medical personnel 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 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 Boiling Springs First Baptist Church, its employees, volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while being transported and participating in Boiling Springs First Baptist Church sponsored events.

X _____
Signature of Parent or Guardian **Date**

Photo Release

This document serves as a release for my child to appear in photographs and/or videotapes while participating in the above stated program/activity. These photos may appear on the church website or in other promotional materials. I know that I must contact Amy Beheler at abehele@bsfbc.org if I do **NOT** want my child's picture to be taken and used for these purposes.

Note: This form is valid for one year from the date signed.