

# Vista Grande Baptist Church

Student Ministries 2016 - 2017

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## Medical Release Form/ Permission to Treat

Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

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

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

Parent/Guardian: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

Secondary contact to notify in event of emergency: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_ Their phone:(\_\_\_\_) \_\_\_\_\_

**Please supply ALL of the following information and attach a copy of your insurance card.**

Medical Insurance Co.: \_\_\_\_\_ Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

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

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

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

Physical Limitations (Asthma, diabetes, allergies, etc), and/or special instructions (Allergic to certain meds or foods, rare blood type, wears contact lenses, etc.):

\_\_\_\_\_  
\_\_\_\_\_

List ALL medication taken on a regular basis and/or any brought with you to this event (Prescription meds MUST have a pharmacy label and name of doctor):

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. \_\_\_\_\_

*(Initial)*

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**Emergency Authorization** – I hereby give permission to medical personnel selected by the participant's leader, designee or other church sponsor to order X-rays, routine tests, and treatment for myself. In the event of the emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections, and/or anesthesia, and/or surgery to myself 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 its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, or the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

**Understanding of Liability** -- I understand that there are risks involved in taking place in activities related to participation in mission functions. I freely (parent of minor must sign on behalf of minor) agree to assume all risks inherent in such mission (including but not limited to disease, unforeseen medical event, injury, or death at the hands of third parties over whom the church has no control, political or social unrest, or hostility to Americans in general or to the life of the Gospel of Jesus Christ).

Having been made aware, to the extent practicable, of the kinds of risks and dangers inherent in the proposed ministry activity, I hereby release VGBC and it's employees from any and all liability to me, my family, or my estate for acts or omissions related to my participation in the specific mission identified.

**Yearly Form** -- I understand that once signed and notarized, this form is valid for ALL youth activities sponsored by VGBC in the State of Colorado and outside the State of Colorado, beginning August 15, 2016 through August 15, 2017



**PLEASE DO NOT SIGN BELOW UNLESS BEFORE A NOTARY, OR THE FORM IS INVALID!!**



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*The following to be completed by the notary witnessing parent/guardian's signature:*

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledge before me

this \_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

by \_\_\_\_\_

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

My Commission Expires \_\_\_\_\_

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### Media Release Form

There are instances when we will take pictures of youth activities for our congregation to view on the VGBC website. This includes special events, youth choir & drama.  
*(Photos/videos will NOT be name-labeled)*

I agree to allow VGBC to use photos of my child (or self) on the website \_\_\_\_\_

I agree to allow VGBC to use video of my child (or self) on YouTube \_\_\_\_\_

I DO NOT agree to allow photos of my child (or self) to be posted on  
Either website \_\_\_\_\_