

# Crestview Baptist Student Ministry

## Medical Release

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

### General Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Medical Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_

### Emergency Contact Information

#### Contact #1

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Contact #2

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**I hereby release my child, (name) \_\_\_\_\_, to the care and decision of medical needs to the Family Pastor, Jake Walker, and/or the student workers of Crestview Baptist Church in my absence, during all church and trip related activities.**

Special Instructions:

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Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_