

Permission & Medical Release Form

Trip/Event: _____ **Date:** _____

Elizabeth Baptist Church Student Ministries

301 North Post Road
Shelby, NC 28152
(704) 482-6339
Fax (704) 481-8965

I hereby grant permission for my student, _____, to attend this trip/event with the Student Ministry of Elizabeth Baptist Church. I hereby release E.B.C. and the kind for any accident that may occur during this trip. In the event of a medical emergency, I authorize the individuals in leadership of the Student Ministry of EBC to seek emergency medical attention for my student. I authorize the attending physician and/or hospital to administer emergency medical care to my student, as they deem necessary in the event of illness or accident.

Signature _____ Date _____
Your relationship to the student _____
Home address _____
Home phone _____ Work phone _____
Cell phone _____

IMPORTANT STUDENT MEDICAL INFORMATION

Student's full name _____
Student's date of birth _____
One other contact to notify _____
Relationship _____ Phone number _____
Personal physician _____ Dr.'s phone number _____
Insurance _____ Policy # _____
Current medications _____

Does your student suffer from any of the following?

Diabetes _____ Epilepsy _____ Asthma _____
Heart Trouble _____ Allergies _____ Thyroid trouble _____
Other, please explain _____

Is your student current on all required immunizations? _____
Date of last tetanus booster _____