



2018 Medical Release Form
Info. Sheet/Permission Slip
South Tulsa Baptist Church
10310 S. Sheridan Tulsa. OK 74133

Instructions:

The 2018 Medical and Surgical Waiver will apply to all youth events, trips, and projects from January 01, 2018 through December 31, 2018. Its intent is to give South Tulsa Baptist Church an adequate, current and useable record of each student's medical information, and to provide hospitals information they may need to have, including permission, in the event that any student needs medical attention. Please be accurate and complete with each answer. It is the responsibility of the parent or guardian to keep this information current, i.e., to update the information in the event of any change or additional information which may need to be added.

Personal Information:

Student's Name _____ Grade _____ Birthdate _____
Parent's Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Parent(s) Cell Phone [mom] _____ [dad] _____
Parent(s) Email [mom] _____ [dad] _____
Student Cell Phone _____ Student Email _____
Emergency Contact Name _____ Emergency Contact Phone _____
School Student Attends _____ T-Shirt Size (adult) S M L XL XXL

*Help us know how to minister to you by checking the one that describes you...

- I'm a member of South Tulsa Baptist Church.
I'm interested in South Tulsa Baptist and would like more information.
My family and I already faithfully attend another church.

Medical Information:

Family Physician _____ Phone Number () _____
List below (or write "none") any physical defects or conditions that the participant has, such as allergies, asthma, nervousness, headaches, dysmenorrheal, etc. Please be complete, even if you do not currently consider any such condition significant.

Should the participant require medical attention at any time, list any special instructions (or write "none") which the participant might require such as being allergic to penicillin, having a rare blood type, etc. Again, please be complete, even if you do not consider any such allergies or conditions significant. (Our goal is to be complete so that, in the event care or treatment is needed, all known information will be available.)

Current Immunization (give date, or write "none"): Tetanus _____ Polio _____

Medical Insurance:

Company Name _____

Policy Number _____ Phone Number (____) _____

Check here if participant has NO Medical Insurance []

Anything else we need to know about your student:

(i.e. unable to swim, allergic to bees, etc...)

Please list current medications and when they should be taken:

Waiver:

1) To be filled out by parents or legal guardians of participant under 18 years of age.

I, _____ the parent and/or legal guardian of, _____ a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give my child, the said minor, permission to participate in any and all activities at and with South Tulsa Baptist Church of Tulsa, Oklahoma. I hereby release South Tulsa Baptist Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during any activity either on or away from the church property.

I further expressly grant my permission for my child to participate in all activities while an active participant on trips and church events. In the event that an emergency arises, necessitating medical or surgical attention, I hereby consent and give my permission to South Tulsa Baptist Church staff, its representatives, and/or the sponsors and any attending physicians, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I assume responsibility for providing transportation from the event location should it be necessary for medical or disciplinary reasons. I also consent that my child's image may appear on videos, promotional items, church endorsed web sites, etc.

Parents' or Legal Guardians' Signatures Date _____

2) To be filled out by participants who are currently 18 years of age or older, and all sponsors.

I am 18 years of age or older and have read the above Medical and Surgical Waiver for minors and agree to the same terms. I also assume responsibility for providing any transportation from the event locations should it be necessary for medical or disciplinary reasons.

Signature of Student/Sponsor over 18 years or age Date _____