

Palos Verdes Baptist Church

RELEASE & MEDICAL FORM

(please use separate form for each child)

Student's Name: _____

Student's Address: _____

Parent 1 Name & Phone: _____

Parent 2 Name & Phone: _____

Student's Allergies: _____

Student's Allergies to Medications: _____

Student's Current Medications: _____

Any Other Medical Needs: _____

Emergency Contacts/Phone/Relationship to Youth (other than parents):
(Name) (Phone) (Relationship)

Health insurance (if you have coverage): _____

Policy/Group number: _____

Doctor's Name & Phone: _____

I do hereby release Palos Verdes Baptist Church and its representatives from any and all liability that may be incurred by my child's participation in any activity that is officially sponsored by PVBC. I also hereby authorize those in charge to consent to and administer any medical aid necessary in case of emergency. If my child has a problem with the rules and authority, I agree to pick up my child immediately at my expense. I also give my permission for the use of photographs containing my child in future PVBC promotional materials.

Parent Signature: _____ Date: _____

Privacy assurance: This information will be kept strictly confidential and will be shared with youth staff members only when necessary.

Return this to youth leader or

*PVBC, 4010 Palos Verdes Dr. N., # 101, Rolling Hills Est., CA 90274
(310) 541-1811*

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