



**10:31 Student Ministries
Medical Release/Transportation Form
2016-2017**

TIMBERLAKE
BAPTIST CHURCH

Student Name(s) _____
 Student Cell Phone #'s: _____
 Address _____
 City/Zip _____
 Grade _____ Email Address _____ Date of Birth _____

Mother/Guardian Name _____ Work Place _____ Work # _____
 Address (if different from above) _____
 Email _____ Cell Phone _____

Father/Guardian Name _____ Work Place _____ Work # _____
 Address (if different from above) _____
 Email _____ Cell Phone _____

Emergency Contact

Name _____ Daytime Phone _____
 Name _____ Daytime Phone _____
 List any medications, foods, insect stings or other things to which this student is allergic:

Medications currently taking: _____
 List any health problems or concerns: _____

MEDICAL INSURANCE COMPANY

Name _____ Phone# _____
 Address _____
 City _____ State _____ Zip _____
 Policy # _____ Identification or group # _____
 Physicians name _____ Phone # _____
 Dentists name _____ Phone # _____

In the event of an emergency or non-emergency situation in which medical treatment is required we will contact one of the persons listed above. If unsuccessful in contacting the persons listed, consent/permission is given for treatment to be administered that would be considered appropriate. Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to hospitalize, secure proper treatment for, and to permit appropriate medical care (under recommendations of qualified medical personnel).

TRANSPORTATION

Sample activities include traveling to areas around Lynchburg as well as outside of Virginia. At times, we will use church and school vehicles as well as personal parent-owned vehicles. The cost of each trip varies and will be communicated ahead of time. The drivers will all be approved TBC pastor/staff members and/or approved TBC parents. By signing below, I agree to allow these individuals to transport my child on each Student Ministry trip and I understand that all reasonable precautions will be made to safeguard my child during the event. **I authorize my child to be transported and participate in any of the events as listed above.**

Parent/Guardian Name (please print) _____
 Parent/Guardian Signature _____ Date _____

While participating in any 10:31 event, I will accept responsibility for maintaining God-honoring conduct. I will submit myself to the leadership and follow directions.

Signature of Student _____ Date _____