

Medical Release & Behavior Form

The Youth Ministry of Covenant Baptist Church
165 Craig Manor Road, Lancaster, South Carolina 29720
803-286-5683

Full Name _____ Date of Birth _____
(Last) (First) (Middle)
Home Address _____ Social Security Number _____ (add only if you want to)
City _____ State _____ Zip _____ Home Phone Number _____
Dad's Office or Cell Phone _____ Mom's Office or Cell Phone _____
Doctor's Name _____ Phone Number _____
Insurance Company _____
Policy Number _____ Name of Policy Holder _____

Please give the name and phone number of friends or relatives we can contact who will know how to reach the parents or guardians in the event we are not able to reach them directly:

Name _____ Relationship _____
Home Phone _____ Office or Cell Phone _____
Name _____ Relationship _____
Home Phone _____ Office or Cell Phone _____

List of known food/drug allergies or other allergies _____

List medications taken regularly _____

Date of last Tetanus shot _____
Swimming: My youth is a (circle one) Non-swimmer Fair Swimmer Good Swimmer
Any other special instructions regarding youth _____

(Please use back if necessary)

I, _____ hereby give my permission for _____ to take part in various sponsored trips, outings and camps of Covenant Baptist Church. I understand that Covenant Baptist Church carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above my personal medical and hospitalization insurance available to my family. I understand that any personal medical and hospitalization insurance coverage available to my family will provide primary coverage and Covenant Baptist Church's medical and hospitalization insurance coverage (subject to the exclusions, limitation, and provisions in the church's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from the church's medical and hospitalization coverage.

I further understand that, in the event that my child requires medical or dental treatment while engaged in the various sponsored trips, outings, and camps, reasonable efforts will be made to contact me; however, I give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for the above named son/daughter. I release the church representatives or sponsors from liability for accidents or injuries on these trips.

I further understand and agree that, in the event that the above named son/daughter be involved in any inappropriate or dangerous activities (to be defined by representatives from Covenant Baptist Church, to include disrespectfulness, unruly behavior, leaving the group, etc.), I will pay his/her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representative.

I have supplied, understood, and agree to all the information contained on the Medical Release form.

I understand, and allow, my child may swim in waters not protected by lifeguards.

I understand that students must wear modest bathing suits. Boxer style suits for the boys and one piece or tankini styles for the girls. Modest in this case also means not too low cut. T-shirts will be given if it is deemed not modest.

Our summer events are designed bring spiritual growth, unity, and fun to the group. Anything other than this is not helpful and will not be tolerated

Parent/Guardian Signature _____

Date _____