

**Fellowship Bible Church**  
**Junior and/or Senior High Release Form**  
**For 2010**

*(this form is good until May 30, 2011)*

The following health record must be filled out for each student by the parent or guardian, or the student cannot be a part of any Junior or Senior High activity. Please print below. This release form will be kept on file.

**Student Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Student's Social Security Number: (optional) \_\_\_\_\_

**Medical History**

Please list any medical problems: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Past surgeries: \_\_\_\_\_

Date of tetanus shot or booster: (if applicable) \_\_\_\_\_

List any drug allergies: \_\_\_\_\_

List any food allergies: \_\_\_\_\_

Please check any condition that it would be important for the physician to know about:

Allergy      Asthma      Diabetes      Epilepsy      Hearing      Heart

Vision      Other:      Explanation of other: \_\_\_\_\_

Note any handicap: \_\_\_\_\_

Student's doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Medical Insurance Information**

Insurance Company: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Insurance Card Holder: \_\_\_\_\_

Card Holder's Social Security Number: \_\_\_\_\_

### **Emergency Contact Information**

Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Alternate Contact Information**

Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Treatment**

In case of emergency, I hereby give permission to the physician selected by the Fellowship Bible Church staff and or assigned personnel to hospitalize, secure treatment for, and to order injection, anesthesia and/or surgery for the student named above.

Student Signature: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Seal: