

MEDICAL INFORMATION AND WAIVER
STUDENT MINISTRY OF AIRLINE BAPTIST CHURCH
4007 AIRLINE DRIVE † BOSSIER CITY, LA † (318) 746-3495

Name: _____ Sex _____ Date _____

Address: _____
Street/Box City State Zip

Birth date: ____/____/____ Parent/Guardian: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____

Emergency Contacts: 1. Name _____ Phone: (____) _____

2. Name _____ Phone: (____) _____

Medical Insurance Co.: _____ Policy # _____

*Please attach a copy (front and back) of your insurance form to this card.

Group# _____ Company's phone: _____

Company's address: _____

Family Physician's Name: _____ Phone: (____) _____

Physical Limitations (asthma, diabetes, allergies, etc.) and /or special instructions
(allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis and/ or any brought with you. (Prescription
meds MUST have a pharmacy label and name of doctor):

MEDICAL AND SURGICAL WAIVER

I, _____, the parent and/or guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody and control.

In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the staff of Airline Baptist Church or supervising adults or any attending physician to make such decisions and to perform such medical treatment and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances.

I, the undersigned parent/guardian do release, acquit, discharge, and covenant to hold harmless Airline Baptist Church of Bossier City, LA, its staff, personnel, or its representatives, during the below stated effective year. This agreement includes all activities and trips, planned, conducted or participated in by Airline Baptist Church, and allows the use of photographs taken during activities and trips to be used on church publications and the website.

Signature

Printed Name

Date

BEHAVIORAL STANDARDS

I further understand and agree that, in the event that the above named minor be involved in any non-Christian or dangerous activities, I will pay his or her expenses to be sent home immediately at the discretion of the approved sponsor(s) and/or church representatives.

Signature

Printed Name

Date

Effective May 2014-August 2015