

**Canopy Roads Baptist Church**  
**Medical Information and Release Form**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (      ) \_\_\_\_\_

Family Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Are immunizations current? (Especially tetanus) \_\_\_\_\_

Past Medical History (Check appropriate information):

\_\_\_ Asthma    \_\_\_ Sinusitis    \_\_\_ Bronchitis    \_\_\_ Kidney Trouble    \_\_\_ Heart Trouble    \_\_\_ Diabetes    \_\_\_ Dizziness  
\_\_\_ Stomach Upset    \_\_\_ Hay Fever

Allergies: (Please list specific allergy and treatment necessary)

Food \_\_\_\_\_ Penicillin or other drug (name) \_\_\_\_\_

Insect Stings/bites \_\_\_\_\_ Other \_\_\_\_\_

Previous surgeries or serious illnesses: \_\_\_\_\_

Childhood Diseases: \_\_\_ Chicken Pox    \_\_\_ Measles    \_\_\_ Mumps

Special Diet: \_\_\_\_\_

Any current medications student is taking (list) \_\_\_\_\_

My permission is granted for Canopy Roads Staff and Parents-in-charge to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all Canopy Roads Staff, employees, and parents from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in Youth events. I assume full financial responsibility for and agree to pay all expenses relating to medical treatment. I further understand that by present Florida law: if the participant is riding in a church vehicle which is involved in an accident, he/she will be primarily covered by bodily injury under our family automobile policy.

I understand and will allow photos and videos of my child to be taken while at this event to be used in any Canopy Roads Baptist Church medium. I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication the church will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against the church from unconsented use, alteration, or republication of my photographs and video by third parties accessing the Internet/World Wide Web.

I further agree that if my son or daughter creates a disciplinary problem necessitating early return from an event, I will be responsible for all related costs.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary:

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Personally appeared before me \_\_\_\_\_, personally known by me, or has produced Florida identification \_\_\_\_\_ and in my presence executed the foregoing information and release form.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature \_\_\_\_\_

SEAL

This release will expire one year from the date signed.