

STUDENT MEDICAL INFORMATION & LIABILITY RELEASE FORM

Shiloh Terrace Baptist Church
9810 La Prada, Dallas, Texas 75228
972-857-9707

This form must be completed on all student's participating in an STBC Event and notarized by a certified Notary Public. There is a Notary located at the church. PLEASE DO NOT SIGN UNTIL IN FRONT OF A NOTARY.

Student's First and Last Name: _____

Parent/Guardian Name: _____

Parent/Guardian Cell Phone(s): _____

Medical Conditions: _____

Medication(s) taken daily: _____

Allergies:

Please list any allergies your child has (food, insects, etc.): _____

Insurance Information

This information will be requested by the physician and medical facility in the event of an emergency. Please help us by making sure you give complete and correct information.

Please check here if you DO NOT have insurance _____

Doctor's Name: _____ Phone Number: _____

Insured's Name _____

Name of Primary Insurance Company _____

Policy Number _____ Group Number _____

_____ has my permission to participate in church activities and to travel by transportation provided by the church or workers/counselors. I authorize the adult in charge to authorize medical treatment when I cannot be contacted. I understand every effort will be made to contact me before such action is taken. I assume financial responsibility for emergency care. I agree not to hold the church or workers/counselors financially liable for any incident relating to the activity/trip.

I understand that my student may be in photos or videos that may be used for promotional materials or on the STBC website.

Please sign below with a Notary present to witness your signature. Notaries are available at Shiloh Terrace.

Signature of Parent/Guardian _____ Date _____

Sworn to and subscribed before me on the _____ day of _____, _____

Notary Public in and for the State of Texas _____