



Permission and Medical Release Form High School Ministry FBCJAX

Student's Name: _____ Date of Birth: _____

Gender: _____ Current Grade: _____ Age: _____

I give permission for my son/daughter to attend all High School activities, to include but not limited to, retreats, mission trips, camps, ministry events, and lock-ins. I also will allow my student to participate in all recreational options that he or she chooses at any event. This will also include any necessary travel to and from each event. _____ (Initial)

Please list all medications that your student will be taking while attending:

Medication	Dosage (amount/how often)	Reason

I authorize administration of any over the counter medications by a health care professional. I also authorize any health care professional to treat my child for injury or illness and to release information for insurance purposes during the period of these activities. I further agree to assume obligation of doctor's bills, telephone calls, or other expenses relating to an emergency incurred during the period of these activities. _____ (Initial)

- Does your student have any **allergies** (food or medicine)? Yes No
If yes, what are they? _____
- Is your student currently or has been under a **doctor's care** in the past year? Yes No
If so, please list any recent illnesses, surgeries, etc.: _____
- Does your student have a **chronic illness** (diabetes, celiac, etc.)? Yes No
If so, is it manageable? Please explain: _____
- Has your student ever had problems with the following: Eating disorders Fainting spells Diabetes
 Seizures/neurological issues Respiratory problems Heart problems Physical challenges
If so, please explain: _____
- Does your student require a special **diet** (vegetarian/gluten-free/other)? Yes No
If so, please explain: _____
- If, for any reason, your student is **limited** from specific activities, please note the limitations:

MEDICAL INSURANCE INFORMATION:

Medical Insurance Information: Insurance Carrier: _____

Policy Number: _____ Policy Holder: _____

Emergency Contact Information:

Name: _____ Relationship to Student: _____

Cell: _____ Home: _____ Work: _____

Alternative person to notify in case of emergency if parent/guardian is not available:

Name: _____ Relationship: _____ Phone Number: _____

(This permission form will be kept on record during the 2019-2020 school year. If there are any information changes during this time, please submit an updated release form to the High School office for our files.)

Parent or Guardian's Signature: _____ Date: _____