

**PRESTONWOOD BAPTIST CHURCH  
STUDENT MINISTRY & STUDENT MUSIC MINISTRY  
MEDICAL INFORMATION AND HISTORY FORM**

***After completing form, please sign and date at the bottom.***

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*Street City State ZIP*

HOME PHONE: \_\_\_\_\_ Please Circle: Male Female

EMERGENCY CONTACT: \_\_\_\_\_ PHONE# \_\_\_\_\_ or \_\_\_\_\_

HOSPITAL INSURANCE? \_\_\_\_\_ POLICY #: \_\_\_\_\_

INSURANCE COMPANY NAME: \_\_\_\_\_

List date of last immunization: DPT: \_\_\_\_\_ Tetanus: \_\_\_\_\_

MMR: \_\_\_\_\_ Polio: \_\_\_\_\_

Check if you have had: \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough  
\_\_\_\_\_ Measles \_\_\_\_\_ Other  
\_\_\_\_\_ Mumps

Please list any allergies: Foods \_\_\_\_\_ Insects \_\_\_\_\_  
Medicines \_\_\_\_\_

Previous Serious Illnesses: \_\_\_\_\_

Current medications and dosages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Dietary Issues: \_\_\_\_\_

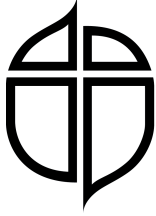
Other: \_\_\_\_\_

**SIGNATURE OF PARENT** or Legal Guardian: \_\_\_\_\_

Printed Name of **PARENT** or Legal Guardian: \_\_\_\_\_

Printed Legal Name of **STUDENT**: \_\_\_\_\_

Date: \_\_\_\_\_



PRESTONWOOD BAPTIST CHURCH  
STUDENT MINISTRY & STUDENT WORSHIP  
MINISTRY  
**RELEASE FORM**

Student Release and Hold Harmless Agreement/Image Waiver  
for September 1, 2009 – August 31, 2010

My name is **(PARENT NAME)** \_\_\_\_\_ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge PRESTONWOOD BAPTIST CHURCH, its agents, servants, and employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by **(YOUTH NAME)** \_\_\_\_\_ while participating in any activity, or activities, including travel to and from such activities and any negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of PRESTONWOOD BAPTIST CHURCH. By signing this agreement, I give my permission for **(YOUTH NAME)** \_\_\_\_\_ to receive medical attention in the event of an emergency. It is my responsibility to provide current and correct insurance information to the Student Music and Student Ministry offices and my responsibility to update such information should it change within the year.

Date: \_\_\_\_\_

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

Medical Insurance Policy #: \_\_\_\_\_

Policy issued under name of: \_\_\_\_\_

*IF MY INSURANCE **CHANGES** AT ANY TIME DURING THE YEAR, I UNDERSTAND IT IS **MY RESPONSIBILITY** TO NOTIFY THE STUDENT MINISTRY & STUDENT MUSIC MINISTRY OFFICES.*