



**RELATIONSHIPS:
CONNECTED TO
THE GOSPEL**

BOYCECOLLEGE.COM/EVENTS
JUNE 2018 | #D3YOUTH



Medical Release Form

Circle One: **June 18-21** **June 25-28**

Church Name:

Youth Leader:

Student Information			
Student Full Name			
Sex (Circle One)	Male	Female	Date of Birth / /
Address Line 1			
Address Line 2			
City, State, Zip			
Emergency Contact Information			
Parent/Guardian Name(s)			
Phone Number			
Other Contact Name			
Phone Number			
Medical Information			
Food Allergies & Reactions			
Other Allergies			
Does student carry an EpiPen?	Yes	No	
Other Medical Conditions			
Current Medications & Dosages			
Primary Care Physician			
Phone Number			
Insurance Information			
Insurance Company			
Phone Number			
Policy Holder			
Policy Number			
Group Number			

*Please see Page 2

By signing below I hereby authorize the participation of this student in activities of The Southern Baptist Theological Seminary. In consideration of The Southern Baptist Theological Seminary providing these activities, I, on behalf of myself and other parents and guardians of the minor, do hereby release The Southern Baptist Theological Seminary, its officers, employees, and agents from all claims and causes of action by reason of any injury which may be sustained as a result of these conference activities, whether on the seminary premises or on the way to or from these activities. I agree to the aforementioned to cooperate and to conform to directions and instructions of personnel of the organization in charge of these activities. Should this individual choose not to do so, and should those leading an activity believe it necessary, I will come and remove my child from the activity as soon as possible after being called by a staff representative for that purpose.

I understand and agree to leadership having access to my child's room when necessary. I hereby give my permission to The Southern Baptist Theological Seminary to secure a physician, nurse, or dentist for the purpose of providing emergency medical or dental aid, including transportation to and from necessary facilities, as may be required by the illness or injury of the above named individual. I further agree that I will not hold the Seminary responsible or liable for its actions taken in such an emergency situation.

In consideration of food preparation, I understand that The Southern Baptist Theological Seminary will not be responsible or liable for any food allergies that the minor may have while on the premises of The Southern Baptist Theological Seminary or at any activities offsite from Southern Seminary. Some food may contain peanuts, tree nut, milk, egg, wheat, and soy. If minor has any food allergy, it is the minor's responsibility to speak with the food service manager (Pioneer College Catering) to notify them of said allergy. I further agree that I will not hold Southern Seminary responsible or liable for allergic reactions to any food served while at the D3 Youth Conference.

This authorization shall remain effective until revoked in writing delivered to The Southern Baptist Theological Seminary.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date