Please print and complete this form for each student and bring it with you to Impact

MEDICAL RELEASE FORM FOR IMPACT 2012

Teen Name: _____ Sex: ☐M ☐F Age: _____ Grade: _____

Mailing Address: _____ Home Phone: (_____)_____
(Street or PO Box)

_____ Email: _____
(City, State)

_____
(Zip Code)

Name of Group (if applicable): _____

Home Church: _____

List medications teen is taking: _____

Doctor's Name: _____ Doctor's Phone: (_____)_____

_____ / _____ / _____
Teen's Insurance Provider Policy Number Name of Policy Holder

In signing this application I hereby certify that the person named on this form is in good health and may participate in the activities of Appalachian Bible College. In case of medical emergency, I authorize Appalachian Bible College faculty to secure medical treatment that includes injection, anesthesia, surgery or dental treatment for the individual named on this form. I agree the individual will abide by Appalachian Bible College's rules of conduct and use of property. If Appalachian Bible College officials deem it necessary for him/her to return home because of illness or any other reason, I will abide by the school's decision and make arrangements to bring him/her home. I give permission to use photos including the registrant for publicity.

_____ _____ / _____ / _____
Signature of Parent/Guardian Date