

BRBC YOUTH MEDICAL RELEASE

Brown Road Baptist Church

6502 East Brown Road Mesa, AZ 85205

Office: 480-985-6361

Event Contact: Mark Garland -480-398-6080



Medications/Allergies

Student able to carry and use medications? _____ YES _____ NO

Medication(s) taken regularly _____ Frequency _____

Medications allowed to be taken on trips (prescription & over-the-counter) _____

Dosage Allowed _____ entire trip _____ per day _____ twice per day _____ other

Allergies _____

Important Medical Conditions _____

Experience dictates that we require that all medicines be in original containers, whether it be prescription or over the counter.

I, _____, give permission for my student to take medications as indicated above.

Signature of parent/guardian

Physician/Family Doctor Name

Physician Phone Number

Emergency Medical Release

I, the undersigned parent/guardian, authorize emergency medical treatment for _____ (Student). This authority is granted in the event of a medical emergency, which, in the opinion of the attending physician, may endanger life, cause disfigurement, physical impairment, or undue discomfort if delayed.

I assume responsibility for any costs connected with such treatment and hereby release Brown Road Baptist Church from any liability.

Signature of parent/guardian

Date

General Information

Address

City

Zip

Home Phone

Cell Phone

Emergency Contact (other than above)

Name

Phone

Medical Releases are kept on file for one year and must be renewed each January.

Medical Releases are required for ALL trips outside of the church property.