



# *Lost 'n Found Student Ministry Medical Release Form*

Student's Name \_\_\_\_\_

Student's Age \_\_\_\_\_

Student's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Church Name \_\_\_\_\_

Youth Leader \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

Parent/Guardian's S. S. Number \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Medical Insurance Policy Number \_\_\_\_\_

Medical Insurance Phone Number \_\_\_\_\_

Please attach a copy of your medical insurance card (both sides)

In case of emergency notify: \_\_\_\_\_

Telephone \_\_\_\_\_

Does the student have any special health information that WE should be aware of?  
If so, please explain

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## **Release of Liability:**

I do not hold Ascension Baptist Church or the Hospital Liable for any injuries, accidents, or illnesses incurred during this event.

Signed: \_\_\_\_\_

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

Print Full Name: \_\_\_\_\_

**THIS STATEMENT REQUIRES NOTARIZATION!**

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**Notarization**