

North Central District & Minnesota Baptist Conference  
**2009 District Blitz Conference**

**Medical Release  
Form- Student**

**Student Ministries & Spring Blitz Conference  
April 24 -26, 2009**

Because of the increasing sophistication of our hospital systems, we have found it necessary to have signed parental release forms in the unlikely event of some serious injury requiring hospital treatment. This release gives us permission to take your child to the nearest available medical facility and have the necessary medical treatment administered. This is not necessary from our perspective, but from your perspective, since many hospitals will not administer any medical attention to a minor without some parental consent.

Would you please read and sign the statement below. This provides permission to seek whatever medical attention may be necessary. It also releases Evangelical Free Churches, Minnesota Baptist Conference, Trout Lake Camps, and/or the church's personnel from any liability against personal injury or loss.

We understand the arrangements and believe that the necessary precautions and plans for the care and supervision of the child will be taken during this conference. Beyond this, We will not hold responsible the North Central District of the Evangelical Free Church, Minnesota Baptist Conference, Trout Lake Camps or any of the conference staff.

*In case of emergency I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the Student Ministries Conference leadership, staff or other emergency medical personnel the permission to act on my behalf in seeking emergency medical treatment for this child in the event that such treatment is deemed necessary by the conference or church staff. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary. I absolve the North Central District of the Evangelical Free Church, Minnesota Baptist Conference and Trout Lake Camps and/or church personnel from Liability in acting on my behalf in this regard so long as they are not grossly negligent.*

Name of Child: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ / \_\_\_\_\_  
(Mother) (Father)

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

If Parent / Guardian are not available, please call person below:

Name: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

May we administer over-the-counter-medications: Yes No (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc)

Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_