

**Administration
Management Guide**

Riverland Hills Baptist Church
201 Lake Murray Blvd. ♦ Irmo, South Carolina 29063

Section II | Number .01a | Annual Medical Form for Students/College/Participants

Effective: 3/2005 | Single Point Accountability Assigned to: Minister of Students

Applies to: All Students/Participants

General Information

Name: _____ DOB: _____ Grade: _____

Address: _____ School/
Work: _____

City/State/Zip: _____ Home Phone: _____

Other Phone Numbers: _____ Student's/
Participant's Social Security Number: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Other Phone: _____

Medical Information

Family Physician: _____

Clinic: _____ Phone: _____

Insurance Company: _____ Group No. &
plan name _____

Co-pay amount: _____ Company Sponsor: _____

Member's Name: _____ Insurance Co.
Phone: _____

Allergies: _____

Medication Being Taken: _____

Physical Handicaps or Special Conditions: _____

None: _____

List Special Accommodations Required: _____

Medical and Surgical Waiver:

I _____, hereby acknowledge that he/she is under my care, custody, and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the Riverland Hills Baptist Church staff, its representatives, sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon me listed above which may in their sole discretion be necessary and proper under the circumstance. I, the undersigned, do release, acquit, discharge, and covenant to indemnify and hold harmless Riverland Hills Baptist Church or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches:

I also assume financial responsibility for any damage I may cause, and for providing transportation home should it become necessary for disciplinary reasons.

I also give my permission to the Riverland Hills Baptist Church staff, its representatives, and the adult sponsors and chaperones to search my personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary for security reasons.

Insurance Changes:

I also understand that it is my responsibility to notify the church of any changes in my insurance information.

Signature of
Student/Participant: _____

Date: _____