



Atlantic Shores Baptist Church  
**Shores Student Ministries**  
**2020 Surf Days Release Form**



DATES COVERED: **July 8, 2020 through August 31, 2020**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ M / F \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
street city state zip

EMAIL: \_\_\_\_\_

TRANSPORTATION:  BUS/VAN  PERSONAL VEHICLE  NONE

ALLERGIES/MEDICAL CONCERNS: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

CURRENT OTC/PRESCRIPTION MEDICATION: \_\_\_\_\_

INSURANCE PROVIDER & NUMBER: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

CONTACT PHONE NUMBER(s): \_\_\_\_\_

EMERGENCY CONTACT PERSON(s): \_\_\_\_\_

CONTACT PHONE NUMBER(s): \_\_\_\_\_

Please **circle** whether or not you give permission for these over the counter meds to be given to your student.

|                              |              |             |
|------------------------------|--------------|-------------|
| Tylenol                      | Okay to give | Do not give |
| Ibuprofen                    | Okay to give | Do not give |
| Benadryl                     | Okay to give | Do not give |
| Claritin                     | Okay to give | Do no give  |
| Pepto Bismol                 | Okay to give | Do not give |
| Cough syrup                  | Okay to give | Do not give |
| Drops for swimmers ear (OTC) | Okay to give | Do not give |

**Emergency**

**Authorization & Liability Release:**

I hereby give permission to medical personnel selected by the Student Ministries Staff or one of the chaperones to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the Student Ministries Staff or one of the leadership to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company.

In addition, I have, and do hereby, release Atlantic Shores Baptist Church, its staff, or volunteers from all liability associated with transportation and/or participation in this activity.

**Photo Release:**

I give / do not give (**circle one**) permission for my students' photo/video to be displayed by ASBC student ministries.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**GOLDEN TICKET**