



Atlantic Shores Baptist Church
Shores Student Ministries
Golden Ticket Release Form



DATES COVERED: **June 29, 2021 through June 31, 2022**

NAME: _____ AGE: _____ M / F _____

ADDRESS: _____
street city state zip

EMAIL: _____

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

**Emer-
gency
Au-**

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