

IMPACT MEDICAL RELEASE FORM

Teen Name: _____ Sex: M F Age: _____ Grade: _____

Mailing Address: _____
(Street or PO Box)

(City, State)

(Zip Code)

Home Phone: (_____) _____
Email: _____

Name of Group (if applicable): _____

Home Church: _____

List medications teen is taking: _____

Doctor's Name: _____ Doctor's Phone: (_____) _____

Teen's Insurance Provider / _____
Policy Number / _____
Name of Policy Holder

In signing this application I hereby certify that the person named on this form is in good health and may participate in the activities of Appalachian Bible College. In case of medical emergency, I authorize Appalachian Bible College faculty to secure medical treatment that includes injection, anesthesia, surgery or dental treatment for the individual named on this form. I agree the individual will abide by Appalachian Bible College's rules of conduct and use of property. If Appalachian Bible College officials deem it necessary for him/her to return home because of illness or any other reason, I will abide by the school's decision and make arrangements to bring him/her home. I give permission to use photos including the registrant for publicity.

Signature of Parent/Guardian / _____ / _____
Date
