BAY HOPE CHURCH MEDICAL RELEASE FORM

Participant's Name:			Grade:
Last	First		_
Address:			
Street	Cit	y State	Zip
Birthdate:/			
Parent/Guardian: 1	Cell Phone:		
2.	Cell Phone:		,
→ Medications you <u>cannot</u> take:			
→ Allergies/special health problems or concerns: _			
→ Current tetanus shot? Yes No (We end	courage you to get one prior to any	v event)	
	Insurance Information		
Insurance Company:	Poli	icy No.:	
Company's Phone:			
Policy Holder's Name:			
Doctor's Name:	Doctor's Phone:		
medical treatment not covered by my insurance.			
Signature of Parent/Guardian	Relationship	Date	
Before me appeared this day	Notary (Data)		(Name of Parent/Guardia
who is personally known to me or who has produc as identification and who executed the foregoing ins	ed	(Driv	ver's License Number)
as identification and who executed the folegoing ins	strument for the purpose therein ex	pressed.	
	(Se	al)	
Notary Signature			
My Commission Expires:	<u>—</u>		
	Code of Conduct		
In all meetings, retreats or other events under the sp community, and I am responsible for my actions. I 1. All conduct will be in keeping with the 2. All individuals must remain with the g 3. The use or possession of any drugs, all	onsorship and/or guidance of Bay understand that the following guid a highest regard and respect for all group at all times.	elines will be followed persons.	
I have read and agree to the Code of Conduct.			
Student Signature:	Student Cell:		
Parent Initials:			