

BTM MEDICAL RELEASE FORM 2021-2022

Student Name: _____ Student D.O.B. _____

Student's Address: _____

Mother's Name: _____ Mother's Cell Phone #: _____

Father's Name: _____ Father's Cell Phone #: _____

This form must be signed by at least one parent (preferably both) and returned to the Bridge Tutorial Ministries (BTM) Leadership Team since you intend to leave your student at Belcroft Bible Church (BBC) during BTM class times without a parent present. Although we desire to keep this information confidential, a copy of this completed form will be accessible to the Leadership Team each time the students meet for BTM classes and medical concerns will be shared with your student's tutors as deemed necessary. In case of an emergency, the Leadership Team may need to use the help of BBC staff, BTM Tutors, Designated Parent, and Emergency Medical Personnel. The Leadership Team may see fit to share this form at that time. It is imperative that we have all information essential to caring for your student in the event that it becomes necessary.

The location of Bridge Tutorial Ministries at Belcroft Bible Church is 13000 Beechtree Lane, Bowie, MD.

EMERGENCY CONTACT

IN CASE OF EMERGENCY, if parents are NOT able to be reached, please contact:

Name: _____ Relationship: _____ Cell Phone #: _____

MEDICAL INSURANCE & INFORMATION

Name of Medical Insurance Co.: _____

Medical Insurance Co. Phone #: _____

Policy Number: _____ Group Number: _____

Policy Holder's Name and D.O.B.: _____

Physician's Name: _____ Physician's Phone #: _____

Pharmacy Name: _____ Pharmacy Phone #: _____

SPECIAL NEEDS/MEDICAL CONDITIONS

Please list any special physical needs, medical conditions, regularly given medications or allergies that the adults in charge or medical professionals should be aware of if your student is in an emergency situation (including food allergies). Please describe CLEARLY the exact reaction he/she has to an allergen, when (if ever) the last allergic reaction occurred, and what procedures need to be taken to assist them if

needed. I understand if my student requires an inhaler/Epipen that he/she is responsible for having it with him/her at all times. **BTM staff is not trained to administer medication or work with special needs students.** You are to communicate directly with your tutor specific information that will help your student be successful in the classroom. This form is for medical emergencies.

*** Please discuss any special academic needs directly with the tutors you plan to be in contract with.

PERMISSION

I give my permission for my student to participate in academic and extracurricular activities at Bridge Tutorial Ministries. In case of an emergency, I authorize any medical treatment and the use of this information form by medical personnel in my absence for the well-being of my student. In accordance with BTM's Liability Release Form, I agree to not hold liable Bridge Tutorial Ministries, Belcroft Bible Church and all its representatives, BTM leadership team, tutors and all parent volunteers treating my son/daughter from any injury or sickness occurring during the activities associated with the BTM tutorial program whether at BBC facility or on a parental approved outing.

I have read and am in agreement with all statements on this form:

Signature of parent/legal guardian: _____

Date: _____

Signature of parent/legal guardian: _____

Date: _____