



Students are required to have either a health insurance policy number or a statement from their parents releasing International Baptist College from financial responsibility in the event the student needs to be hospitalized or requires off-campus medical attention.

This information must be on file in the office at International Baptist College.

Student Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

Name of Parent, Guardian, or Spouse: _____

Address of Parent, Guardian, or Spouse: _____

Phone Number of Parent, Guardian, or Spouse: _____

Name of Insurance Company: _____

Copy of Insurance Card attached? Yes _____ No _____

Emergency Release Permit

This permit is required to be completed by every student.
 For those students under 21 years of age, the person legally responsible must sign this form.

I hereby release International Baptist College from any and all financial responsibility in the event of any needed medical attention or hospitalization needed for (student's name) _____. If an emergency should arise, I give International Baptist College permission to authorize emergency anesthesia, surgery, and/or procedures deemed necessary. Further, I accept full financial responsibility for all medical needs.

Independent Student

Dependent Student

 Student's Signature

 Parent or legal guardian's signature

 Spouse's Signature

Date: _____

Date: _____