

Medical Release Form for Minors Parent/Guardian Consent

Name of Student _____ Date of Birth _____
Address _____ Phone _____
City _____ State _____ ZIP _____
Name of Parent/Guardian _____

PERMISSION

I, _____ (parent/guardian) hereby give permission for _____ (hereinafter referred to as "the student") to participate and travel with the Hillcrest Baptist Church (hereinafter referred to as "church") in 2010 under the following guidelines. I understand that I will be informed of and have to sign a permission slip for each trip allowing the student to attend.

I do hereby verify that the below information is correct and I do hereby grant permission for the church to obtain medical attention in case of sickness or injury to the student.

I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for the welfare of the student until such time as you are able to reach me personally.

I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage while participating on this trip.

I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to the student, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting the student to and from the activities.

I agree to provide medical insurance for my student(s) who are participants on this trip.

I agree to allow event photography which may include the student to be posted by the church on its website.

Signature of
Parent/Guardian _____ Date _____

NOTARY

Dated this _____ day of _____, 20 _____. State of _____

On this _____ day of _____, 20 _____,

_____ (parent/guardian) personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, 20 _____.

My commission expires _____

Signature Notary Public _____

MEDICAL AND INSURANCE INFORMATION

Family Insurance Company _____ Policy # _____
Family Physician _____ Phone _____

Check if applicable and give appropriate explanations below:

Allergies Heart Trouble
 Asthma Kidney Trouble
 Bronchitis Sinusitis
 Diabetes Stomach Upset
 Dizziness Other (Explain below)

Immunizations:

Tetanus: Date Received _____ Typhoid: Date Received _____

List any prescription drugs the student will be taking while on trip; include frequency and dosage for each.

Comments:

EMERGENCY NOTIFICATION

Parent/Guardian _____
Address _____ Phone _____
Relationship _____