

Medical Release/Permission Form

For all Student Activities

This form must be NOTARIZED!

Name _____ Age _____ Phone _____

Address _____ Zip _____

In case of Emergency Notify: _____ Phone _____

Family Physician _____ Phone _____

Insurance Company _____ Phone _____

Immunization: Tetanus _____ Polio Booster _____ Measles _____

Mumps _____ Other _____

Allergies: Food _____

Penicillin/Drugs _____

Insect stings/bites _____

Previous Serious Illnesses: _____

Current Medication: _____

Childhood Diseases: Chicken Pox _____ Measles _____ Mumps _____

Whooping Cough _____ Other _____

*If participant has severe allergies, please be sure to have allergy fighter at all times.

In consideration of granting permission by Hiland Park Baptist Church, its agents, servants, and members for the participation in such activity by participant and custodian hereby, release and exonerate Hiland Park Baptist Church, its agents, servants, and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise might accrue against Hiland Park Baptist Church, its agents, servants, and members by virtue of the sponsorship and supervision of such activity and/or the participation therein by participant, even in the case of personal negligence of the leadership involved.

Participant and custodian hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on, the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

PHOTO RELEASE This document serves as a release for my child to appear in photographs, videotapes, and church website while participating in activities with Hiland Park Baptist Church for the purposes of publicity or promotion.

Participant Parent/Guardian/Custodial Parent

STATE OF FLORIDA, COUNTY OF BAY

Before me personally appeared _____ to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____ A.D., _____.

My commission expires: _____

Notary Public State of Florida

Parent/Guardian/Custodial Parent- This release will remain in effect until Hiland Park Baptist Church is notified. Please inform Hiland Park Baptist Church of any changes in information supplied above, immediately. It applies both to local and long distance trips and events sponsored by Hiland Park Baptist Church. It also waives the responsibility in case of an accident with the use of church vehicles, rental vehicles, and/or personal vehicles.