



2009 - 2010 Medical Release / Permission Form*

Last Name: _____ First Name: _____ Gender: _____

Date of Birth: _____ School: _____ Grade: _____

Parent or Guardian: (First + Last) _____ T-Shirt Size _____ Youth S, M, L, XL
Adult S, M, L, XL

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell or Beeper: _____

Emergency contact other than Parent or Guardian: _____

Relationship to Participant: _____ Home Phone: _____

Work Phone: _____ Cell or Beeper: _____

Participant's Physician: _____ Office Phone: _____

Please explain any medical conditions, allergies, or special needs in the space provided or on the back.

Health Insurance Company: _____ Insurance Phone Number: _____

Policy Number: _____ Name of Insured: _____

***Copy of Insurance Card provided / attached? Yes _____ No _____ Copy of Insurance cards and prescription cards front and back should accompany this form before it will be filed as complete.**

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I, \_\_\_\_\_ (parent or guardian), give permission for my son/daughter

\_\_\_\_\_ (child's name) to participate in outings / activities sponsored by the Student, Music, Preschool, or Children's Ministries of Hermitage Hills Baptist Church. Should emergency medical treatment be necessary and I am unable to be contacted, I authorize accompanying adult sponsors to act on my behalf and approve medical treatment. I hereby grant permission for an attending physician or hospital to administer medical care, if deemed necessary by the chaperones of ministries listed above. I also hereby release from any liability Hermitage Hills Baptist Church, any and all adult sponsors or church staff in the event of any accident in route, during, **or** returning from any events sponsored by the ministries mentioned above. I understand that this medical release / permission form is only valid from September 1, 2009 thru September 1, 2010. Should any information change before that time, it is my responsibility to complete an updated form.

**Please sign here *in the presence of a Notary.*** \_\_\_\_\_

## Notary

\_\_\_\_\_ personally appeared before me, and in my presence executed this within and foregoing permission and release form.

Witness my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

My commission expires \_\_\_\_\_.

Notary Public \_\_\_\_\_