

**HIGHLAND DRIVE BAPTIST CHURCH
MEDICAL/PERMISSION AND RELEASE FORM**

(To be completed and notarized before departure)

NAME _____ BIRTHDATE _____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

GRADE (If in summer, grade just completed) _____ T-SHIRT SIZE _____

In Case of Emergency Notify: _____ Phone _____

Family Physician _____ Phone _____

Family Insurance Co. _____ Policy # _____

IMMUNIZATIONS: Tetanus _____ Polio Booster _____ Measles _____ Mumps _____

Other _____ (List dates if known)

PAST MEDICAL HISTORY

(Check giving appropriate information)

List Past Medical History _____

ALLERGIES: (List type)

Food _____

Penicillin or other drug (Name) _____

Insect stings/bites _____

Poison sumac, oak, or ivy _____

Any current medications: (List) _____

PERMISSION FOR TREATMENT AND DISCHARGE

My permission is granted for HIGHLAND DRIVE BAPTIST CHURCH staff member or sponsor in charge of the _____
_____ (event) trip to _____ (location) on _____
_____, 20____ (date) to obtain necessary medical attention in case of sickness or injury for
_____ (Participant's Name). I/We, the undersigned, do hereby release, and forever
discharge all sponsors and HIGHLAND DRIVE BAPTIST CHURCH from any and all claims, demands, actions or cause
of action, past, present, or future arising out of any damage or inquiry while participating in the event. We further accept
financial and physical responsibility for the return of our child(ren), should the adult supervision find it necessary to send
him/her/them home (as applicable).

Signature of Parent/Guardian

Date

NOTARY _____

THIS FORM MUST BE NOTARIZED FOR ALL PARTICIPANTS!