

# 2020-2021 Heritage Baptist Church Annual Liability & Medical Release Form

Please complete and turn in to Heritage Baptist Church

## PARTICIPANT INFO (One form per family)

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

## EMERGENCY CONTACT INFO Parent/Guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Secondary contact to notify in the event of an emergency: \_\_\_\_\_  
Their relationship to the child: \_\_\_\_\_ Their phone: \_\_\_\_\_

## MEDICAL INFO (Please attach a copy of Insurance Card)

Medical insurance company: \_\_\_\_\_  
Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company's address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical limitations (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain medication, rare blood type, wears contact lenses, etc.): \_\_\_\_\_

List all medication taken on a regular basis and/or any that would be brought on an overnight event. Prescription medicine MUST have a pharmacy label, name of doctor, and be in the child's name. \_\_\_\_\_

List all operations/serious injuries and dates within the past five years: \_\_\_\_\_

## EMERGENCY AUTHORIZATION I hereby give permission to medical personnel selected by the participant's

Church sponsor, his designee or staff to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the participant's Church sponsor, his designee, or staff to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby release Heritage Baptist Church, its directors, employees or agents from liability associated with participation in Church sponsored activities.

**PERMISSION** I hereby give permission for my child/children named above to participate in events and activities of Heritage Baptist Church both on campus and off campus. *I ACKNOWLEDGE THERE ARE RISKS ASSOCIATED WITH SUCH PARTICIPATION, INCLUDING BUT NOT LIMITED TO, THE RISK OF PERSONAL INJURY.* This permission is effective from July 1, 2020 – June 30, 2021, and it is my responsibility to stay informed of the nature of specific activities and events and promptly notify the church of any changes to the permission hereby given.

**HOLD HARMLESS** I release and agree to hold harmless Heritage Baptist Church and their adult sponsors from all liability claims, or demands for personal injury, as well as damage and expenses of any nature that occur while the child is participating in any Church sponsored events to the full extent allowable by law. I hereby verify the information given on this form is correct and acknowledge that this release is effective from July 1, 2020 – June 30, 2021, and it is my responsibility to notify the church of any changes to the information provided.

**MEDIA & COMMUNICATION RELEASE** I give permission to Heritage Baptist Church to include my child in pictures and videos to be used for Heritage multi-media purposes. I grant permission for my student to interact via social media and/or text messaging with any Church-approved sponsor.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date