

Hopewell Baptist Church Student Ministry

Participant Permission & Medical/Photo Release Effective January 1, 2018 - December 31, 2018

Student Information			
Student's Name			Male (<input type="checkbox"/>) Female (<input type="checkbox"/>)
Address			
City			Zip
Shirt Size	DOB	Grade	School
Cell #		Email	
Parent/Guardian Information & Emergency Contact			
Mother's Name		Phone #	
Father's Name		Phone #	
Emergency Contact		Phone #	
Health Insurance & Medical Information			
Health Insurance Co		Policy #	
Medical Problems/Allergies			
Diet or Activity Restrictions			
Immunizations Status (check if up to date) (<input type="checkbox"/>) Tetanus (<input type="checkbox"/>) Typhoid (<input type="checkbox"/>) Polio			
Current Medications			
(Please place medications in a Ziplock bag with Student's Name, Schedule & Instructions)			
Medical Waiver/Photo Release			

To be filled out by the Parent or Legal Guardian of participants under the age of 18

I, _____ the parent/legal guardian of _____ a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, said minor, my permission to participate in and be transported to and from activities and/or events sponsored by Hopewell Baptist Church during the period of January 1, 2018 - December 31, 2018

In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission for Hopewell Baptist Church, or its representatives, to make such decisions to perform medical treatments and/or surgery upon said minor which in their sole discretion is necessary and proper

I, the undersigned parent/legal guardian of said minor, do release, discharge, and covenant to hold Hopewell Baptist Church, or its representatives, from any legal action, damages, or liabilities arising out of the treatment of any sickness or injury incurred by said minor during an activity/event.

I also understand that as a participant my child may be photographed or videotaped during church sponsored activities/events and that these photos may be used in promotional materials, publications, electronic form or media, including but not limited to the church website.

Signature of Parent/Legal Guardian

Date

Notary Public

Print Name _____

Sworn to and subscribed before me this ____ day of _____ 2018

Signature