

> PLEASE PRINT <

DATES VALID:  
> August 1, 2010 thru July 31, 2011 <

# HARLETON BAPTIST CHURCH MEDICAL RELEASE FORM

NAME \_\_\_\_\_ GENDER: M \_\_\_ F \_\_\_ AGE \_\_\_\_\_  
(first) (middle) (last)

ADDRESS \_\_\_\_\_ HM. PH. ( ) \_\_\_\_\_ - \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ WK. PH. ( ) \_\_\_\_\_ - \_\_\_\_\_

BIRTHDAY: \_\_\_/\_\_\_/\_\_\_ GRADE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

DO YOU HAVE MEDICAL / HOSPITAL INSURANCE: YES \_\_\_ NO \_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_ COMPANY PHONE #: \_\_\_\_\_

FAMILY PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

FAMILY DENTIST'S NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

➤ RELATIVE OR FRIEND WHO COULD COME FOR YOUR STUDENT OR KNOW WHERE TO REACH YOU:  
**(PLEASE LIST TWO)**

NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

➤ **SEE IF YOUR STUDENT HAS ANY OF THESE CONDITIONS & PROVIDE ANY NEEDED INFORMATION:**

YEAR OF LAST ---- TETANUS: \_\_\_\_\_ POLIO BOOSTER: \_\_\_\_\_ MEASLES: \_\_\_\_\_ MUMPS: \_\_\_\_\_

PHYSICAL / MENTAL DISABILITY (EXPLAIN) \_\_\_\_\_

HEMORRHAGIC DISEASE (ABNORMAL TENDENCY TO BLEED) \_\_\_\_\_

DIABETES OR INSULIN \_\_\_\_\_ TYPE \_\_\_\_\_

EPILEPSY \_\_\_\_\_ HEART CONDITIONS \_\_\_\_\_

DRUG ALLERGIES (LIST) \_\_\_\_\_

FOOD ALLERGIES (LIST) \_\_\_\_\_

INSECT OR NATURAL ALLERGIES (LIST) \_\_\_\_\_

ASTHMA \_\_\_\_\_ KIDNEY DISORDER (TYPE) \_\_\_\_\_

PRONE TO BLACKOUTS \_\_\_\_\_ WEAR GLASSES \_\_\_\_\_ WEAR CONTACTS \_\_\_\_\_

TAKING MEDICATION ON A REGULAR BASIS? YES \_\_\_ NO \_\_\_ WHAT? \_\_\_\_\_

HOW OFTEN? \_\_\_\_\_ PURPOSE? \_\_\_\_\_

OTHER DISORDERS or INFORMATION FOR CARE AND EMERGENCY SITUATIONS: (LIST) \_\_\_\_\_

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## **RELEASE AND STATEMENT FOR TREATMENT**

I give my permission for the student/person named to participate in all activities sponsored by Harleton Baptist Church including trips, camps, worship services, Bible study, etc., except for the following activities:

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I declare this health history true and complete to the best of my knowledge and belief, and relieve Harleton Baptist Church or its agents in any liability for any condition arising out of any omission or failure to disclose any history or condition of the person named in this history and I hereby authorize and direct the leaders and/or sponsors to order any medical tests, examinations, treatment or medical procedure deemed necessary; and to release any records necessary for insurance purposes, and to provide or arrange necessary transportation for the person named.

I give my permission to the physician chosen by the leaders or sponsors to secure and administer treatment, including hospitalization, for the person named herein.

I understand that Harleton Baptist Church sponsored activities do present the risk of injury, or even death, to the person named herein, and I have advised the person named herein of those possibilities. I represent to you that I and the person named herein assume the risk of any such injury or death, and hold you, your agents, employees, sponsors/chaperones, and representatives harmless from any liability for injury or death to the person named herein while engaged in a Harleton Baptist Church sponsored activity which is caused or contributed to by the conduct of the participant. I agree to indemnify and defend you against any claim or liability asserted against you for any such injury or death to the person named herein.

I also hold you, your agents, employees, sponsors/chaperones, and representatives harmless from all liability to any other person or entity arising as a result of the conduct of the person named herein and agree to indemnify and defend you, your agents, employees, sponsors/chaperones, and representatives against any claim or liability arising as a result of such conduct.

### **PARENT / GUARDIAN SIGNATURE:**

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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I promise to comply with and abide by the rules and/or regulations that may be established for my safety and for the safety of the others on all Harleton Baptist Church sponsored activities that I participate in. If I do not follow these rules, I realize that I may be returned home from the activity prematurely without a refund! I also realize that my parents/guardians may be asked to come get me, or reimburse the transportation expenses needed to return me home.

### **STUDENT'S/PARTICIPANT'S SIGNATURE:**

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

➤ Only those who return this form properly signed & completely filled out can be granted permission to participate in H.B.C. activities.