

HICKORY GROVE BAPTIST CHURCH  
**2017 Activity & Medical Release Form**

This form expires January 1, 2018.

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Grade completed by Summer 2017 (if applicable) \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Emergency Contact #1**

**Emergency Contact #2**

Name \_\_\_\_\_ Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**HEALTH INFORMATION**

Primary Care Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Name of insured on policy \_\_\_\_\_

Do you have any health care needs HGBC should be aware of? If yes, explain or attach info:

\_\_\_\_\_

List prescriptions you are currently taking \_\_\_\_\_

List allergies & reactions \_\_\_\_\_

What is your blood type? \_\_\_\_\_ (Required only for International Mission Trips)

If under 18, can you take Tylenol or Advil?  Yes  No

**Check any of these conditions you may have to give appropriate information:**

- Asthma  Sinusitis  Stomach problems  Kidney trouble  
 Diabetes  Heart trouble  Seizures  Other \_\_\_\_\_

**Check any of these childhood diseases that you have had:**

- Chicken Pox  Measles  Mumps  Whooping Cough  Scarlet Fever

I hereby grant permission for the adult leaders of Hickory Grove Baptist Church the authority to provide basic First Aid or obtain necessary medical treatment in case of sickness or injury to my child. Permission is hereby granted to Hospital, Emergency Room Personnel/Doctor to provide any treatment deemed necessary to the above minor.

I give my permission for myself or my child to appear in photographs and/or video taken and used by Hickory Grove Baptist Church in publication(s), audiovisual productions, online promotions and/or electronic transmissions.

I give my permission for my child to attend Hickory Grove Baptist Church on and off-campus events. In consideration of my Child being permitted to participate in Hickory Grove events, I do hereby remise, release, and forever discharge, and further do agree to indemnity and forever hold harmless except to the extent of available insurance coverage, Hickory Grove Baptist Church, its pastors, employees and volunteers assisting with Hickory Grove events (the "Released Parties"), from any and all claims, demands, liability, or action arising from or to any injury or damage which may be sustained by my Child while participating in Hickory Grove events, except to the extent any such injury or damage results from the gross negligence or willful misconduct of a Released Party.

**If event participant is 18 or above:**

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Participant Signature

**If event participant is 17 or under, parental consent and form notarization is required below:**

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parent/Guardian Signature

On this day \_\_\_\_\_ personally appeared before me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

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