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MEDICAL, LIABILITY & PERMISSION TO TREAT FORM

Name of Student: _____

Grade: _____ Birthdate: _____ / _____ / _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Gender: _____

Mother's Name: _____ Phone #: _____

Father's Name: _____ Phone #: _____

Secondary Contact in case of Emergency: _____

Relationship to Student: _____ Phone #: _____

*Please supply ALL of the following information. **Attach a copy of your insurance card with this form.**

Medical Insurance Company: _____

Group#: _____ Policy #: _____

Company's Address: _____

City: _____ State: _____ Zip Code: _____

Company's Phone #: _____

Family Physician's Name: _____ Phone #: _____

List ALL physical limitations (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain meds, foods, rare blood type, wears contact lenses, etc.).

List ALL medications taken on a regular basis and/or any brought with you (Prescriptions MUST have pharmacy label and name of the doctor attached):

List ALL operations/serious injuries and dates with the past five (5) years.

As parent/guardian, I give my permission for my student to take part in various church sponsored trips, outings and camps with Heritage Baptist Church and any representative or sponsor of the trip/activity I am participating in to secure any and all needed medical treatment in the event that I cannot be reached for such permission. I give my permission for a representative or sponsor of Heritage Baptist Church to take my child to a doctor or hospital, and hereby give my authorization for medical treatment, including but not limited to, emergency surgery or medical treatment, and assume all responsibility of all medical bills, if any.

I release Heritage Baptist Church, its representatives and sponsors from all liability, claims or demands for personal injury, sickness or death as well as property damage and expenses, of any nature whatsoever, which may be incurred while my child is participating in Church activities.

I hereby give my permission to medical personnel selected by Heritage Baptist Church, and any representative or sponsor, to order X-rays, routine tests, and treatment for my child in the event that I cannot be reached for such permission. In the event of an emergency and neither my primary or secondary contact cannot be reached, I give my permission to the physician selected by Heritage Baptist Church to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child.

I further authorize the release of any medical information to appropriate medical personnel and/or health coverage insurance company. In addition, I understand that if I do not have medical insurance, I, as parent or guardian, will be responsible for any medical expenses in the event of sickness or injury. I understand that there are risks involved in taking place in recreational activities with Heritage Baptist Church. Should it be necessary for the participant to return home from an activity due to medical reasons, disciplinary actions or otherwise, I will assume all costs for such travel.

I further understand and grant my permission for my child to participate fully in these activities and give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to, emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. The Health History included herein is correct so far as I know, and the participant herein described has my permission to engage in all prescribed activities except as noted. Unless terminated in writing, this release shall be effective for one (1) year from the date of signature.

Signature of Parent/
Guardian: _____

Date: _____