Medical Release/Permission Form

For all Children's Activities This form must be NOTARIZED!

Name _____Age_____ Birthdate_____

Parent's Name_____ Phone_____

Address_____ Zip _____

In case of Emergency Notify: _____ Phone_____
Family Physician _____ Phone_____
Insurance Company _____ Phone_____
Immunization: Tetanus____ Polio Booster____ Measles____ Mumps____ Other_____
Allergies: Food_____
Penicillin/Drugs _____
Insect stings/bites _____
Previous Serious Illnesses:_____
Current Medication:_____
Childhood Diseases: Chicken Pox_____ Measles____ Mumps_____ Whooping Cough_____
Other_____
*If participant has severe allergies, please be sure to have allergy fighter at all times.

In consideration of granting permission by Hiland Park Baptist Church, its agents, servants, and members for the participation in such activity by participant and custodian hereby, release and exonerate Hiland Park Baptist Church, its agents, servants, and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise might accrue against Hiland Park Baptist Church, its agents, servants, and members by virtue of the sponsorship and supervision of such activity and/or the participation therein by participant, even in the case of personal negligence of the leadership involved.

Participant and custodian hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on, the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

PHOTO RELEASE This document serves as a release for my child to appear in photographs, videotapes, and church website while participating in activities with Hiland Park Baptist Church for the purposes of publicity or promotion.

_____ _____
Participant Parent/Guardian/Custodial Parent

STATE OF FLORIDA, COUNTY OF BAY
Before me personally appeared_____ to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.
WITNESS my hand and official seal, this _____day of_____A.D., _____.

My commission expires:
_____ _____ (seal)
Notary Public State of Florida

Parent/Guardian/Custodial Parent- This release will remain in effect until Hiland Park Baptist Church is notified. Please inform Hiland Park Baptist Church of any changes in information supplied above, immediately. It applies both to local and long distance trips and events sponsored by Hiland Park Baptist Church. It also waives the responsibility in case of an accident with the use of church vehicles, rental vehicles, and/or personal vehicles.