

Annual Medical Release & Permission Form

Effective Dates: January 1, 2020 to December 31, 2020

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Name _____ Age _____ Birthday _____
 First Middle Last

Grade _____ () Male () Female E-mail _____

Address _____ City _____ State _____ Zip _____

Phone _____

Medical Ins. Co. _____ Policy # _____

Mother's Name _____ Phone: _____

Father's Name _____ Phone: _____

Emergency Contact _____ Phone: _____

Physician: _____ Phone: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page w/ details.

1. For your child's safety and our knowledge, please rate your student's ability to swim
 Good Swimmer Fair Swimmer Non-Swimmer

2. Does your child have any allergies to.....
 pollens medications food insect bites other: _____

3. Does your child suffer from, or has ever experienced, or is being treated for any of the following:
 asthma seizures heart trouble diabetes

4. Date of your student's last tetanus shot: _____

5. HGStudent staff and leaders can administer the
 Tylenol Ibuprofen Benadryl/Allergy Meds Midol Tums/Pepto

6. Please list and explain any major illnesses your child has experienced in the last year:

7. Does your child wear Glasses Contacts

 Please list and explain any major illnesses your child has experienced in the last year:

IMPORTANT - PLEASE READ: Each student agrees to follow the following rules:

1. No possession or use of alcohol, illegal drugs (including prescription drug abuse), tobacco.
2. No student may drive to an event without permission of the Student Pastor
3. No fighting, bullying, verbal, emotional, or physical abuse of any kind.
4. No foul language or crude humor/
5. None of the following items are allowed on HGBC property or at any HGBC event:

FIREWORKS	LIGHTERS	OTHER WEAPONS	
KNIVES	GUNS	MACE	
TAZERS	NINJA STARS	SWORDS	
ILLEGAL DRUGS and/or ASSOCIATED PARAPHENELIA			Any kind of smoking alternatives
ALCOHOL PRODUCTS			JUULS
TOBACCO PRODUCTS (all tobacco including smokeless)			VAPES
6. No offensive, see-through, low-cut, provocative or immodest clothing
7. No boys in girls sleeping areas without adults present and vice versa
8. Participation with the group is expected
9. Comply with all schedules
10. Respect one another, staff, and all adult leaders

Students who fail to comply with these expectations will be sent home at their parents' expense.

Student Initials _____
Parent Initials _____

I, the student, have read the rules of conduct, and the above evaluation of my health. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____

PLEASE NOTE: Activities may include, but are not limited to: cookouts, swimming, sports of all kinds, rafting, skiing, air travel, bus travel, tubing, boating, ice skating, hiking, biking, concerts, etc. If there are any activities your child is expressly forbidden to participate in please list them below.

_____ has my permission to attend all Student Ministry activities.
Name of Student

sponsored by Higher Ground Baptist Church from this day signed until **DECEMBER 31, 2020**.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/WE the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/We agree to hold such person free and harmless from any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost not be reimbursed by the health insurance provider. Further, I/WE affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by any HGBC staff member.

Parent/Guardian Signature: _____ Date: _____