



2021 Parkview Activities Release Form

Name of Church: Parkview Baptist Church

Name of Youth Leader: Robbie Bernhardt

Dates of Release: January 1, 2021– December 31, 2021

I, the undersigned parent of guardian of _____, a minor, do hereby authorize adult workers with the youth of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I will not hold Parkview Baptist Church or any person affiliated with this event and/or affiliated with the church named above liable for any and all results of said medical treatment and the effects of said medical treatment.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Signature of Parent/Guardian: _____

Personal Insurance Information

Primary insurance policy holder: _____

Date of Birth of primary insurance policy holder: _____

Address of primary insurance policy holder: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Insurance Company Name: _____

Group Number: _____

Policy and/or ID Number: _____

Number to call for insurance assistance: _____

Please list any known allergies and/or medications that your student is currently using:

Last Name _____

First Name _____