

# Arrow Heights Baptist Church Student Ministry Medical and Permission Release Form

Last Name

*Student Release, Hold Harmless Agreement and Image Waiver for events and activities from January 1, 2010 to December 31, 2010.*

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
Male  
Female  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_ Contact # \_\_\_\_\_ Work/Home/Cell (Circle One)  
Medical Insurance Policy # \_\_\_\_\_  
Name Policy Issued Under \_\_\_\_\_

First Name

Insurance Company Name \_\_\_\_\_ Hospital Insurance? Yes No  
*IF MY INSURANCE **CHANGES** AT ANY TIME DURING THE YEAR, I UNDERSTAND IT IS  
**MY RESPONSIBILITY** TO NOTIFY ARROW HEIGHTS BAPTIST CHURCH STUDENT MINISTRY OFFICE.*

Please list any allergies: \_\_\_\_\_

Previous Serious Illnesses: \_\_\_\_\_

Current Medications and dosages: \_\_\_\_\_

List date of last immunization: DPT \_\_\_\_\_ Tetanus \_\_\_\_\_ MMR \_\_\_\_\_ Polio \_\_\_\_\_

Check if you have had:  Chicken Pox  Whooping Cough  Measles  Mumps

My name is **(PARENT NAME)** \_\_\_\_\_ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge ARROW HEIGHTS BAPTIST CHURCH, its agents, servants, and employees, and all persons natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by **(STUDENT'S NAME)** \_\_\_\_\_ while participating in any activity, or activities, including travel to and from such activities and any negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of ARROW HEIGHTS BAPTIST CHURCH. By signing this agreement, I give my permission for **(STUDENT'S NAME)** \_\_\_\_\_ to receive medical attention in the event of any emergency. *It is my responsibility to provide current and correct insurance information to the Student Ministry office and my responsibility to update such information should it change within the year.*

I hereby allow photographs and video of my child's participation in the ARROW HEIGHTS BAPTIST CHURCH STUDENT MINISTRY to be published via print, video, or website which are affiliated with ARROW HEIGHTS BAPTIST CHURCH. I understand that publication may be accomplished electronically via the Internet/World Wide Web, copying my child's photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against ARROW HEIGHTS BAPTIST CHURCH from the un-consented-to use, alteration, or republication of my child's photographs and video by third parties accessing the Internet/World Wide Web or obtaining copies of the print or video material.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Printed Legal Name of Student

\_\_\_\_\_  
Date