

2018 Arrow Heights Baptist Church Minor Medical/Permission Release Form

Personal Information:

Name _____ Age _____ Grade _____ Sex _____ Date of Birth _____
 Mailing Address _____ City _____ State _____ Zip _____
 Father's Name _____ Phone _____ Mother's Name _____ Phone _____
 In Case of Emergency Notify _____ Phone _____
 Primary Care Physician _____ Phone _____

Insurance Information:

Insurance Company Name _____ Policy Number _____
 Insured Name _____ Relationship to Child _____ Group Number _____

Immunizations:

_____ tetanus _____ polio booster _____ measles _____ mumps

Past Medical History:

asthma sinusitis bronchitis kidney trouble diabetes heart trouble dizziness
 stomach upset hay fever chickenpox measles mumps whooping cough other

List other _____

Allergies/Medications:

Food _____
 Penicillin or other drug (name) _____
 Insect stings/bites _____
 Poison sumac, oak or ivy _____
 Previous operations or serious illness _____
 Special diet (name) _____
 List any "current" or "as needed" medications:

* Medication	Dose	Time	Reason

•All medications must be clearly marked with the student's name, instructions and placed in a zip lock bag. This bag should be given to the nurse the day of event. No one will be able to take any medication unless it is noted.

Non-Prescription Medication:

Tylenol Ibuprofen Antihistamine Decongestant Kaopectate Emetrol Maalox
 Any over the counter medication may be administered as needed Yes No _____ Initials

Please list any exceptions _____

Permission for Treatment and Release:

I am the parent or legal guardian of the child named above ("Child"). In consideration for the child's participation in one or more Church activities, I release and agree to hold harmless and indemnify ARROW HEIGHTS BAPTIST CHURCH and its directors, officers, employees, and agents (collectively, "the Church") from and against all liability for any injury, loss of personal property, or other harm experienced by Child at or in connection with any Church activity. This release of liability applies in all instances, included without limitation, transportation to and from any Church activity and instances in which I feel that the Church was negligent. In other words, I will not sue the Church for any claim or cause of action related directly or indirectly to any of the Children's Church activities. By signing this agreement, I give my permission for the child named above to receive medical attention in the event of any emergency. *It is my responsibility to provide current and correct insurance information to the Arrow Heights 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 ARROW HEIGHTS BAPTIST CHURCH 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. This Medical/Permission Release form will be valid through December 31, 2018

Parent Signature _____ Date _____