

**2024 - 2025**  
**Medical Release / Permission Form\***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents or Guardian: (First + Last) \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Dad Cell: \_\_\_\_\_ Mom Cell: \_\_\_\_\_

Parent's E-mail Address: 1. \_\_\_\_\_

2. \_\_\_\_\_

Emergency contact other than Parent or Guardian: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant's Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Please explain any medical conditions, allergies, or special needs in the space provided below and continue on the back.

Health Insurance Company: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

**\*Copy of Insurance Card provided / attached? Yes \_\_\_\_\_ No \_\_\_\_\_**

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I, \_\_\_\_\_ (parent or guardian), give permission for my child listed above to participate in outings / activities sponsored by the Student, Preschool, or Children's Ministries of Hermitage Hills Baptist Church. Should emergency medical treatment be necessary and I am unable to be contacted, I authorize accompanying adult sponsors to act on my behalf and approve medical treatment. I acknowledge that participation in activities involves risk and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for the opportunity to participate in the activities, I acknowledge and accept the risks of injury associated with participation in and transportation to and from the activity. The participant accepts personal financial responsibility for any injury or other loss sustained during the activities or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by Hermitage Hills, its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise. I understand that this medical release/permission form is only valid from **July 31, 2024 thru July 31, 2025**. **\*Should any information change before the expiration date, it is my responsibility to complete an updated form.**

- I give permission for my child's picture/video to be made, seen on social media or used in church print/digital publications.
- I do not give permission for my child's picture/video to be made, seen on social media or used in church print/digital publications.

**Please sign here in the presence of a Notary.** \_\_\_\_\_

**Information below is to be filled in by Notary:**

\_\_\_\_\_ personally appeared before me, and in my presence executed this within and foregoing permission and release form.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires \_\_\_\_\_

SEAL

Notary Public \_\_\_\_\_