



2018 GHC Medical Release & Liability Form

Basic Information:

Participant's Name _____ Date of Birth ____/____/____
Address _____ City _____ State _____ Zip _____
Parent/Guardian's Name _____ Phone _____
Email _____
In case of an emergency please notify _____
Relationship to Child _____ Emergency Phone _____

Medical Information:

Family Physician _____ Phone _____ Family Insurance Co. _____
Policy # _____ Immunizations: Tetanus ____ Polio ____ Measles ____ Mumps ____

Past Medical History:

(Please check all that apply)

___ Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble ___ Heart Trouble ___ Diabetes ___ Dizziness ___ Hay Fever ___
Other _____ Allergies: _____
Food _____ Medications _____
_____ Poison Ivy, Sumac _____ Insect bites or
stings _____
Previous Operations or serious injury _____ List any current medication
_____ Special Diet _____
Childhood diseases: ___ Chicken Pox ___ Measles ___ Mumps ___ Other _____

Permission Agreement:

I hereby give permission for my child, _____ (first and last name) to accompany Green Hill Baptist Church on events, trips, and activities for 2016. I also acknowledge that my child could be sent home at my expense if he/she violates the rules set forth by the GHC Ministry Staff and/or other adult volunteer leaders. I hereby certify that my child is physically able to engage in and participate in the activities planned. Also, I hereby grant to the leaders accompanying the group the right to order necessary emergency medical care in case of an accident or injury to my child. I hereby release and hold harmless Green Hill Baptist Church, their trustees, employees, and volunteers for any and all claims of any loss.

Parent/Guardian's Name (Please Print): _____
Signature of Parent/Guardian: _____ Date: _____

Permission for Photography: By participating in the ministries of Green Hill Baptist Church, I understand my child's picture may be taken and used for publicity. This may include but is not limited to church website, social media, and e-newsletters.

Parent/Guardian's Name (Please Print): _____ Signature of Parent/Guardian: _____
Date: _____

Notary Acknowledgement: On this the ____ day of _____, 20____. _____ personally appeared before me. Personally known by me, and in my presence executed the within foregoing permission and release form. Witness my hand official seal this ____ day of _____. My commission expires _____
Notary Public _____