

HILLCREST BAPTIST CHURCH - 2021 RELEASE

PLEASE PRINT CLEARLY

CHILD'S INFORMATION

Full Legal Name _____ Nickname _____
Home Address _____ City _____ State _____ Zip _____
Gender _____ DOB _____ Social Security # _____ - _____ - _____
Phone _____ Grade _____ School _____

PARENT/GUARDIAN INFORMATION

Full Name _____ Relationship _____ Phone (____) _____
Full Name _____ Relationship _____ Phone (____) _____

ADDITIONAL EMERGENCY CONTACTS

Full Name _____ Relationship _____ Phone (____) _____
Full Name _____ Relationship _____ Phone (____) _____

MEDICAL INFORMATION

Medical Insurance Company _____ Group # _____ Policy # _____
Company Address _____ Phone (____) _____
Primary Physician Name _____ Phone (____) _____
Physical Limitations (for example, prescriptions, food/drug allergies, asthma, diabetes, rare blood type, etc., including special instructions) _____

List all surgeries/serious injuries in the last 5 years: _____

EMERGENCY AUTHORIZATION - MEDICAL POWER OF ATTORNEY AND RELEASE

I hereby acknowledge and state that the information on this form is correct so far as I know, and that the person named above has permission to engage in all prescribed activities, except as noted. I further state under oath that I am the parent or guardian of the child named above, henceforth described as "my child," and that unless I otherwise state in writing, I hereby give permission for my child to participate in events and activities conducted, sponsored, organized, and/or participated in, by Hillcrest Baptist Church, Hopkinsville, Kentucky.

I understand that it is my responsibility to adequately inform Hillcrest Baptist Church of any and all prescription drugs, allergies, asthma, diabetes, drug allergies, food allergies, and/or any other special medical instructions for the health and well-being of my child. I, the undersigned, hereby consent that any medical information, physical limitations, and/or special instructions may be shared with any and all staff and chaperones at the event or activity my child is participating.

In the event my child is injured or becomes ill during an event or activity, I understand that every effort will be made to contact a parent/guardian in the order listed on this form. In the event that contact with a parent/guardian cannot be made in a timely manner, I authorize the accompanying staff or chaperone of Hillcrest Baptist Church to release all known and available medical information to the treating medical facility or doctor. I further give permission to medical personnel selected by Hillcrest Baptist Church staff accompanying my child, or their designee, to order x-rays, tests, secure proper treatment and hospitalization, order injections and/or anesthesia and/or surgery for my child as may be deemed necessary.

I understand that if I do not have medical insurance, I, as the parent/guardian, will be held responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking part in recreational and other activities related to youth functions.

I consent to the use of any visual or audio representation in which I, and/or my child, may appear by Hillcrest Baptist Church, including, but not limited to, videos, photographs, interviews, quotes, and other forms of social media. I understand that these materials are used for promotion of Hillcrest Baptist Church, which includes promotional, recruitment, and fundraising efforts. I release Hillcrest Baptist Church from any liability connected with the use of my, or my child's, picture or voice recording as part of any promotional, recruitment, or fundraising programs.

I give permission for my child to be transported in church vehicles and/or other means of transportation designated by Hillcrest Baptist Church. I understand that my child will be under adult supervision at all times. I release and hold harmless the Hillcrest Baptist Church, its trustees, officers, employees, and any other designated volunteers from liability, past or future, fully and completely.

I authorize agents of Hillcrest Baptist Church to provide legal representation for my son or daughter in the event that any legal representation may be needed. I also agree that the above mentioned church representatives are to exercise authority regarding my child's behavior and conduct. I have explained to my child that he/she is fully under the church representative's authority during church activities when I am not present. I verify that I have read this entire document, have had reasonable opportunity to ask questions concerning its application, understand its contents, and acknowledge that the various information provided throughout this document is accurate and complete. I further acknowledge and verify that I have full legal authority to execute this document and that there are no requirements, conditions, or obligations, legal or otherwise, which would require the consent or assent of any other person or entity.

Unless otherwise canceled or terminated in writing, the authorization given above shall remain in effect one year from the date below.

Signed this _____ day of _____, 2021.

Parent/Guardian Signature _____

Participant Signature (if over 18 years of age) _____

NOTARY PUBLIC

State of Kentucky, County of Christian

Subscribed and sworn before me on _____, 2021.

_____, Notary Public. My commission expires: _____

Notary Signature