New Hope Baptist Church Medical Permission Information
551 New Hope Road, Fayetteville, GA 30214 (770) 461-4337
Activity: All Student Ministry Activities Dates: Aug 1, 20___ - Aug 15, 20___

PARTICIPANT'S NAME: _____

Address _____ **Father's Name** _____

City _____ **State** _____ **Zip** **Home Phone**_____ **/ Cell** _____

Age _____ **Birth Date** _____ **Gender** _____ **Mother's Name** _____

Grade_____ **School** _____ **Home Phone**_____ **/ Cell** _____

NHBC Church Member _____ Guest of NHBC_____ NHBC member you came with_____

Parent's Employer _____ Phone_____

Notify If Emergency _____ Phone_____ Cell_____

Person Picking-up Child _____ Phone_____ Cell_____

Family Physician _____ Phone_____

Insurance Company _____ Policy # _____

Immunization: Tetanus _____ Polio Booster _____ Measles ____ Mumps _____ Other: _____

Allergies: Food: _____ Penicillin/Drugs: _____

Insect stings/Bites: _____ Previous Serious Illnesses: _____

Current Medication: _____ **Special Diet:** _____

Childhood Diseases: Chicken Pox ____ Measles _____ Mumps ____ Whooping Cough _____ Other _____

Please Attach a Copy of Insurance Card *(Copy machine available at the church)*

INITIAL BELOW:

_____ I hereby authorize a New Hope Baptist Church representative to take my child to the above named physician or an emergency facility for medical treatment in the event of an emergency in which neither parent can be reached.

_____ I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.

_____ I hereby authorize New Hope Baptist Church to transport my child to or from church, on field trips, or on other church sponsored activities.

_____ I hereby authorize New Hope Baptist Church to include my child in supervised water activities.

The above named participant (the word "participant" to include the feminine gender as well as the masculine where the context requires or permits) and, if participant is a minor, the legal custodian thereof (the word "custodian" to include either or both natural or adopted parents or any legal guardian. The plural as well as the singular and the feminine gender as well as the masculine where the context requires or permits) hereby consent to the participation of participant in the above-referenced activity conducted under the sponsorship of New Hope Baptist Church, Fayette County, Georgia, an unincorporated association; its agents, servants, and members. In making such consent participant and custodian acknowledge they understand that there are risks to both person and property associated with engaging in such activity, and they hereby consent to assume such risk.

In consideration of granting permission to New Hope Baptist Church, its agents, servants, and members for the participation in such activity by participant and custodian hereby, release and exonerate New Hope Baptist Church, its agents, servants, and members from any and all liability of every nature and kind. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise might accrue against New Hope Baptist Church, its agents, servants, and members by virtue of the sponsorship and supervision of such activity and/or the participation therein by participant.

Participant and custodian hereby authorize the consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver and/or lease provisions hereof shall remain in full force and effect until"Permission Expires" date at the top of this form, written notice of revocation or withdrawal is received by New Hope Baptist Church at its office at 551 New Hope Road, Fayette County, Fayetteville, Georgia 30214. *(770) 461-4337.*

I understand that as a Participant, I or my child may be photographed or videotaped during normal activities, and these photos/videos may be used in promotional materials.

SIGN HERE:_____ _____

Signature of Parent or Guardian ***Date***

State of Georgia /County of _____

Personally appeared before me, _____*, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.*

Witness my hand this_____ day of _____, 201___ _____

Notary Signature

My commission expires: _____ ***Notary Seal***

Revised July 2017