

# HILLSIDE BAPTIST CHURCH

[HSM: Hillside Student Ministries]

1344 W. Thunderbird Rd.  
Phoenix, AZ 85023

Brian LeSturgeon, Senior Pastor  
Joshua Tompkins, Youth Pastor

## 2021 STUDENT MEDICAL RELEASE AND PERMISSION FORM

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

BE IT KNOWN that, I, the undersigned parent or guardian of the student above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in a Hillside Baptist Church Youth Ministry-Sponsored ("HSM"-sponsored) activity. Also, I understand that as a participant my child may be photographed or videotaped for display during some activities and used for church promotional material/social media/ and outreach distribution. IT IS HEREBY understood that I give permission for my student to ride in church approved vehicles or carpools to HSM related activities. IT IS HEREBY understood the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout said student's involvement in Hillside Baptist Church Youth Ministries ("HSM"). IT IS FURTHER understood that any expense incurred will be paid for by insurance or the parent/ guardian of the student. Payment of the expense is not a church responsibility. IT IS HEREBY understood that I will not pursue legal action against Hillside Baptist Church, HSM, or its staff for said injuries or medical treatment. EMERGENCY CARE: If emergency service involving medical action or treatment is required and neither the parents nor guardians can be contacted, I hereby consent for the student named above to be given medical care selected by Hillside Baptist Church.

\_\_\_\_\_  
Signature of Parent/Guardian      Today's Date      Student's DOB

Parent(s)/Guardian Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Father/Guardian Cell #: (\_\_\_\_) \_\_\_\_\_ Mother/Guardian Cell #: (\_\_\_\_) \_\_\_\_\_

### IN CASE OF EMERGENCY (If parent/guardian are not immediately available):

Friend/Relative: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Friend/Relative: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### MEDICAL ALERT(S) (allergies, medications, etc) If none, write "NONE":

Medication(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

(Please use back side of Medical Form if more space is needed)