



Effective dates: One year from date signed

Please print in ink

T-shirt size: _____ ☐ child ☐ adult (please check child or adult)

Name: _____ Age _____ Birthdate _____

LAST

FIRST

MIDDLE

Grade in school _____ ☐ Male ☐ Female Phone _____

Address _____ City _____ State _____ Zip _____

Mother's name _____ Phone: Cell _____ Work _____

Father's name _____ Phone: Cell _____ Work _____

Mother's Email _____ Father's email: _____

Emergency contact _____ Phone: Cell _____ Work _____

Medical Insurance company _____ Policy # _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a—

☐ good swimmer ☐ fair swimmer ☐ non-swimmer

2. Does your child have allergies to— ☐ pollens ☐ medications ☐ food ☐ insect bites

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

☐ asthma ☐ epilepsy / seizure disorder ☐ heart trouble ☐ diabetes

☐ frequently upset stomach ☐ physical handicap

4. Date of last tetanus shot: _____

5. Does your child wear ☐ glasses ☐ contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain: (attach a sheet if necessary)



We/I the parent/s or legal guardian of (child's name) _____
Has my permission to attend all children/student activities sponsored by **Heritage Baptist Church** (hereinafter the
"Church") from **date signed to one year after**.

The consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church
and its staff of any liability against personal losses of the named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to
attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or
athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and
all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's
involvement. In the event that he/she is injured and requires the attention of a doctor. I/we consent to any reasonable
medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician
and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims,
demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately
responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health
insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and
will to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child
home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

I give Heritage Baptist Church permission to administer/apply basic first aid and /or call for medical aid as required.

Please check items you allow your child to receive:

- | | | |
|--|--|--|
| ☐ Acetaminophen (Tylenol) | ☐ Antacid Tablets | ☐ Cough Syrup |
| ☐ Stomach Relief (Pepto Bismol) | ☐ Ibuprofen (Advil) | ☐ First Aid Ointment |
| ☐ Hydrogen Peroxide | ☐ Benadryl | ☐ Antibiotic Ointment |
| ☐ Visine | ☐ Caladryl | |
| ☐ Other as indicated: _____ | | |

PLEASE SIGN IN FRONT OF THE NOTARY.

Parent/Guardian Signature: _____ Date: _____

State of Florida, County of Escambia

The foregoing instrument was acknowledged before me this _____ day of _____ 20____
by _____ who is personally known to me or who has produced his/her driver's
license as identification and who did not take an oath.

Notary Public