

# ACTIVITY MEDICAL RELEASE & PARTICIPATION FORM

Holland Avenue Baptist Church

## EVENT INFORMATION

I understand and acknowledge that the Holland Avenue Baptist Church (HABC) Children's Program participates in a variety of events that involve travel away from the church into the surrounding communities.

## PERMISSION/LIABILITY RELEASE

I give my permission for \_\_\_\_\_ of \_\_\_\_\_  
Student's Name Address

To participate in the HABC Children's Program Events by completing an Activity Information Form before each event. I do hereby release, remiss, and forever discharge the leaders, event chaperones and **Holland Avenue Baptist Church** of Cayce, SC 29033, from any and all claims, demands, actions or cause of action while my child is participating in these events. In the event of any emergency and I cannot be contacted, I give my permission for an HABC Children's Program leader or event chaperone to seek medical attention and/or surgical treatment for my child in case of sickness or injury during the events. I give permission for my child to receive any medical and/or surgical treatment that the medical personnel and any legal health care facility determines to be necessary for his/her well-being. I understand that it is my responsibility as legal guardian to ensure the medical information on the form is current and accurate. I will notify HABC Children's Program leadership of any changes by updating my child's Student Information Form and completing the Activity Information Form as needed.

## MEDICAL/HEALTH INFORMATION

MY CHILD HAS THE FOLLOWING HEALTH CONDITION(S): \_\_\_\_\_  
\_\_\_\_\_

FOOD/DRUG ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

OTHER MEDICAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_