2025 Activity & Medical Release Form

HICKORY GROVE BAPTIST CHURCH This form expires January 1, 2026.

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Grade completed by Summer 2025 (if applicable) _____ Birthdate _____/_____/_____

Emergency Contact #1

Name _____

Primary Phone _____

Secondary Phone _____

Emergency Contact #2

Name _____

Primary Phone _____

Secondary Phone _____

HEALTH INFORMATION

Primary Care Physician _____ Phone _____

Insurance Co. _____ Policy # _____

Name of insured on policy _____

Do you have any health care needs HGBC should be aware of? If yes, explain or attach info:

_____

Are you currently taking prescription or over-the-counter medications? ○ Yes ○ No

NOTE: If you answered yes to the previous question, please fill out a Medication Administration Form.

List allergies and reactions _____

Check any of these conditions you may have to give appropriate information:

☐ Asthma ☐ Sinusitis ☐ Stomach Problems ☐ Kidney Trouble ☐ Diabetes ☐ Heart Trouble

☐ Seizures ☐ Other _____

Check any of these childhood diseases that you have had:

☐ Chicken Pox ☐ Measles ☐ Mumps ☐ Whooping Cough ☐ Scarlet Fever

I hereby grant permission for my child to receive the following over-the-counter medications:

☐ Acetaminophen (Tylenol) ☐ Ibuprofen (Advil) ☐ Diphenhydramine (Benadryl)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

1. Permission is granted for adult leaders of Hickory Grove Baptist Church to render first aid and to obtain the services of a licensed physician or counselor and arrange for transportation to the closest hospital in case of the need for immediate medical attention.

2. Permission is also granted to the attending physician to render whatever treatment is medically necessary for the well-being of my child. The expenses incurred will be the responsibility of the person whose signature appears below.

I give my permission for myself or my child to appear in photographs and/or video taken and used by Hickory Grove Baptist Church in publication(s), audiovisual productions, online promotions and/or electronic transmissions including social media.

I give my permission for my child to attend Hickory Grove Baptist Church on and off-campus events. In consideration of my child being permitted to participate in Hickory Grove events, I do hereby remise, release, and forever discharge, and further do agree to indemnity and forever hold harmless except to the extent of available insurance coverage, Hickory Grove Baptist Church, its pastors, employees and volunteers assisting with Hickory Grove events, including the organizations and ministries that oversee and maintain such sites at which such events may take place (the "Released Parties"), from any and all claims, demands, liability, or action arising from or to any injury or damage which may be sustained by my child while participating in Hickory Grove events, or while being administered first aid or transported to or from a medical facility for medical treatment in connection with such events, except to the extent any such injury or damage results from the gross negligence or willful misconduct of a Released Party.

I certify that I have adequate insurance to cover any injury or damage my child may suffer or cause while participating in Hickory Grove events, or else I agree to bear the costs of such injury or damage. I acknowledge that Hickory Grove Baptist Church or the sites where my child will be taken for Hickory Grove events does not provide health or accident insurance for participants.

If event participant is 18 or above:

_____ Date _____ / _____ / _____

Participant Signature

If event participant is 17 or under, parental consent and form notarization is required below:

_____ Date _____ / _____ / _____

Parent/Guardian Signature

On this day _____ personally appeared before me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this _____ day of _____, 20 _____.

Notary Public _____

My commission expires _____