



2026 ACTIVITY & MEDICAL RELEASE FORM

Hickory Grove Baptist Church This form expires January 1, 2027

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Grade completed by summer 2026 (if applicable) _____ Date of Birth ____/____/____

EMERGENCY CONTACT #1

Name _____

Primary Phone _____

Secondary Phone _____

EMERGENCY CONTACT #1

Name _____

Primary Phone _____

Secondary Phone _____

HEALTH INFORMATION

Primary Care Physician _____

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 complete a **Medication Administration Form**.

List allergies & 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) Zyrtec Tums

I hereby grant permission for the adult leaders of Hickory Grove Baptist Church the authority to provide basic First Aid or obtain necessary medical treatment in case of sickness or injury to my child. Permission is hereby granted to Hospital, Emergency Room Personnel/Doctor to provide any treatment deemed necessary to the above minor.

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.

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 (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, except to the extent any such injury or damage results from the gross negligence or willful misconduct of a Released Party.

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 _____