

The Hill Baptist Church Medical Release & Consent Form

Name: _____

Birthdate: _____ Grade: _____

Address: _____

Phone(s): _____

Guardians: _____

Allergies: _____

Medications: _____

PERMISSION TO ATTEND & RECEIVE MEDICAL TREATMENT

I, the undersigned, am the parent/guardian of _____.
I give consent for him/her to participate in _____
sponsored by The Hill Baptist Church of Augusta, Georgia. In the event of an
injury arising while attending this church-sponsored activity, on or off the
church grounds, I give permission for the church staff or chaperones to
secure medical treatment (including surgery) for my child by qualified
medical personnel, including licensed physicians and certified emergency
medical technicians (EMTs).

I, the undersigned, do hereby verify that the above information is correct,
and I do hereby release and discharge The Hill Baptist Church, staff, and
chaperones from any and all claims, demands, actions, or cause of actions,
past, present, or future arising out of any damages or injury while
participating in activities with our Children or Youth Ministries.

Photography consent:

___ Yes, I consent for The Hill Baptist Church to use photography of my child
during an event for promotional material for our Church.

___ No, I prefer that my child(ren) not be in any photographs published
during this event.

Signature: _____

Date: _____

Emergency Phone Number(s): _____

Insurance Company: _____

Policy Number: _____

Family Physician: _____

Physician Phone Number: _____