

# Hickory Valley Baptist Church

## MINOR PARTICIPANT MEDICAL AND LIABILITY RELEASE FORM

Participant Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Allergies or health conditions we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

BIN # \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Insurance Company Phone: \_\_\_\_\_

I understand that my child (Insert Child's Full Name) \_\_\_\_\_ will be participating in HVBC's events, outings and activities. I recognize that my child will have the opportunity to travel with the church, and grant my permission for my child to be included in their travels. I do not hold the church, church leaders, or church participants liable for unforeseen accidents to my child. In the event of any and all potential issues including but not limited to accident, sudden illness, or medical emergency involving my child, I hereby authorize the staff member and volunteers of HVBC as adult persons into whose care the minor has been entrusted, to use their best judgment in the matter and hereby do consent to release my child into their care for the authorization of any medical treatment and/or hospital care as deemed necessary by a licensed physician. Additionally, I give full permission for my child to ride in vehicles, including but not limited to personal vehicles and church bus/van, driven by HVBC leaders, staff, and affiliates.

Student Signature: \_\_\_\_\_

Parent/ Legal Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Conferee or Guardians (if under 18): \_\_\_\_\_