



Medical Release & Hold Harmless Agreement 2020

Child's Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parents/Legal Guardians: _____

Phone: _____

Person to notify in case of an emergency: _____

Phone number(s) of emergency contact: _____

Name of doctor: _____ Doctor's Phone: _____

GENERAL HEALTH INFORMATION

Recent serious injury? [] Y [] N _____

Recent surgery? [] Y [] N _____

Allergies to medications? [] Y [] N _____

Food Allergies? [] Y [] N _____

Asthma? [] Y [] N _____

Do you take any medications regularly? [] Y [] N _____

If yes, do you carry them with you? [] Y [] N

Date of last Tetanus shot: _____

Any other necessary medical information: _____

INSURANCE INFORMATION

Medical Insurance Company: _____

Plan or Group Number: _____

Insure Name: _____ Insured ID# or Member # _____

Insurance Company Phone Number: _____

Insurance Company Address: _____

*You may copy both sides of your insurance card and attach it if it includes the above information.

CONSENT TO TREAT A MINOR

Being the parent or legal guardian of _____ (MINOR'S PRINTED NAME), I _____ (PARENT/GUARDIAN'S PRINTED NAME) do consent to any X-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child and further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as a parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Signature of Parent/Guardian: _____ Date: _____

MINOR CONSENT & HOLD HARMLESS AGREEMENT

I, _____ (PRINTED NAME OF PARENT/GUARDIAN), being the parent or legal guardian of _____ (PRINTED NAME OF MINOR), hereby give my consent for my minor child to participate in all activities sponsored by Harmony Hill Baptist Church.

I understand that all reasonable safety precautions will be taken by the leaders and that the possibility of an unforeseen hazard does exist. I further agree not to hold Harmony Hill Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

Signature of Parent/Guardian: _____ Date: _____

STATE OF TEXAS COUNTY OF _____

This forgoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

NOTARY SEAL

(Notary Public)

Personally Known _____ or Produced Identification _____
Type of Identification Produced _____