## **Hope Valley Baptist Church**

## Medical History/Permission and Release Form

Must be completed, witnessed, and returned before departure.

NAME:	A(	GE:	DOB:
first middle	last		m/d/y
ADDRESS:street	city	state	 zip
	-		_
In case of emergency notify:			
Alternate contact:			
Physician name:	Pł	none: _	
Insurance Company:	Policy Ho	older:	
Group Number:	Policy Number:		
IMMUNIZATIONS: Tetanus:	_ Polio Booster: Me	easles:	Mumps:
Other:	(List dates if known	ı)	
D	and Madical Iliataus		
P	ast Medical History		
Please indicate all conditions that	t apply. Provide details b	elow o	f ongoing treatment.
Asthma: Sinusitis:			
Nosebleeds: Diabetes:		•	
Sleep disturbances: He			
Hay Fever: Epilepsy/S			
Heart defects/disease:			
Previous operations or seriou			
Special dietary needs:			
Details of above:			
Details of above.			
CHILDHOOD ILLNESSES: Chic			umps:
Whooping Cough: Other	er:		
ALLEDOUDO (I.' + 1 + 1	) 5 1		
ALLERGIES: (List details and re	action) Food:		
Penicillin or other drug (by n	ame):		
Insect bites:	Other:		
All medications must have parer	t nermission signed and	ldated	with specific dosage
instructions, must be in original			
here, and must be turned in to a	-		
sprays, Epi-pens, insect repellen	<u> </u>	-	<i>5</i> <b>1</b>
sprays, Epi-pens, msect repenen	is, sunscieen, and/or np	Dallil	MICH CHEIH.

Please complete both sides.

Current prescription medication & dosage:  Current over-the-counter medication & dosage:				
Adult supervisor(s) have my permission to procase of accident or illness as indicated below. treatments:				
	enadryl/Antihistamine ams/antacid ramamine/travel sickness prevention			
(participant	permission to participate in any church 020_ church year. I understand that ture and arrival times, planned activities, formation prior to any trips, events, or pe Valley Baptist Church staff member, events, or activities to obtain necessary cident, sickness, or injury for 's name). I/we the undersigned do			
hereby release and forever discharge all spor from any and all claims, demands, actions, or arising out of any damage or inquiry while accept financial and physical responsibility for adult supervisor(s) find it necessary to send h	onsors and Hope Valley Baptist Church cause of action, past, present, or future participating in the event. We further or the return of our child(ren) should the			
Signature of Parent/Guardian	Date			
Signature of Witness	Date			

## **Youth Information Sheet**

Personal Information		Date:	
Full Name			
Nickname/Name called			
Home Address: (Street)		(City)	(Zip)
Home Phone Number:		Cell Phone Number:	
Email Address:			
School Name		Current Grade	
Parent/Legal Guardians:			
Name	Relation	nship	
Home Address: (Street)		(City)	(Zip)
Home Phone Number:		Cell Phone Number:	
Email Address:			
Name	Relation	nship	
Home Address: (Street)		(City)	(Zip)
Home Phone Number:		Cell Phone Number:	_
Email Address:			
Security Information Are there any custody arrangem	nents of which the leade	ers should be aware?	
In case of an emergency and a p	oarent/legal guardian ca	annot be reached, whom shoul	d we contact?
Name	Phone	Relationship	
Name	Phone	Relationship	
Signature of Parent/Guardian	Date	Signature of Witness	Date

Note: Parental permission must be given in writing in advance for any youth to drive to an event away from church property.