

Long Hollow Baptist Church
Student Ministry
3031 Long Hollow Pike, Hendersonville, TN 37075
2019 Release Form

The following information will be used with registration forms completed for any student ministry events.

Student's Name _____ Birth Date _____ Grade _____

Address _____ City/State/Zip _____

Student's Cell _____ Age _____ Sex MALE FEMALE

Student's Email _____

Father _____ Work # _____ Cell # _____

Mother _____ Work # _____ Cell # _____

Do you consent to photo/videos of your child being shared in promotional videos or social media? Yes No

Required Emergency Medical Information:

Family Physician _____ Office Phone _____

Name of Insurance Company _____ Policy Number _____

Primary Insured _____ Insurance Company Phone # _____

Daily Medication Requirements:

Medicine _____ Prescribed Dosage _____ Time _____
Medicine _____ Prescribed Dosage _____ Time _____

Allergies: _____

Other Important Medical Information: _____

Do you authorize over-the-counter drugs to be given to your child? Yes No

Medical and Surgical Waiver *Also: Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches*

- I am the parent and/or legal guardian of _____ and hereby acknowledge that he/she is under my care, custody, and control.
- In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the Long Hollow Baptist Church staff, its representatives, sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstances.
- I, the undersigned parent and legal guardian of above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Long Hollow Baptist Church or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.
- I also assume financial responsibility for any damages my child may cause, and for providing transportation home should it become necessary for disciplinary reasons. I also give my permission to the Long Hollow Baptist Church staff, its representatives, and the adult sponsors and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reasons.

Parent Signature _____ **Date** _____