

Long Hollow Baptist Church

3031 Long Hollow Pike, Hendersonville, TN 37075

Medical Release

Participant's Name _____ Birth Date _____ Grade _____

Address _____ City/State/Zip _____

Participant's Cell _____ Age _____ Sex (circle) MALE / FEMALE

Participant's Email _____

Father _____ Work # _____ Cell # _____

Mother _____ Work # _____ Cell # _____

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: _____

Parental Waiver

- 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 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 the participant 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 participant, 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.
- I assume all financial responsibility for any medical treatment and for all transportation costs needed for the participant to receive medical treatment, including ambulance or air transportation if deemed necessary by Long Hollow Baptist Church, its representatives, or sponsors.
- I assume financial responsibility for any damages this participant may cause, and for providing transportation home should it become necessary for disciplinary reasons.
- I give my permission to the Long Hollow Baptist Church staff, its representatives, the adult sponsors and/or chaperones to search the participant's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary for security reasons.

Parent/Guardian Signature: _____ Date: _____