Rolling Hills Baptist Church
Medical Release/Permission Form

Participant's Full Name_____ Birthday_____ Age_____ Sex_____

Parent or Guardian Name_____ Phone (H)_____ (W)_____

Address_____ City_____ State_____ Zip_____

Does the participant have any of the following allergies: Penicillin_____, Other drugs_____, Insect Stings

_____, Poison Ivy_____, Hay Fever_____, Other_____, Food Allergies_____

List of restricted activities: _____

List of medications presently being taken: _____

Are there dietary restrictions? _____yes, _____no If YES, please explain_____

Please list the name and phone number of family physician and dentist:

Family Physician_____ Phone #_____

Dentist_____ Phone #_____

Please complete the following information about insurance provided by participant:

Name of Insurance Company_____

Address_____ Phone #_____

Policy Number_____ Name of Policy Holder_____

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I hereby approve this application and waive all claims against Rolling Hills Baptist Church and its members from any incident related to this activity. I understand that, in the event my child requires medical or dental treatment while engaged in this trip, reasonable efforts will be made to contact me, to consent to any emergency X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. I, the undersigned, have medical insurance for the above named child. If there is no insurance, I assume all financial-medical responsibilities, and release Rolling Hills Baptist Church and its personnel from any responsibility or liability. To the best of my knowledge, I have listed all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My permission is given for participation in all prescribed activities as noted by me.

I also give permission for my child to be transported during the trip and returned after the activity in the transportation provided y the church.

_____	_____	_____	_____
Signature of Parent/Guardian	Date	Participant	Date