

2023 FHBC STUDENT MEDICAL/PERMISSION AND RELEASE FORM

Last Name _____, First _____

Participant Information:

Name _____ Gender _____ Race _____
Address _____
City _____ State _____ Zip _____ Date of Birth _____
If Applicable: Participant Cell Phone _____ Grade _____
Participant Email: _____

Parent / Guardian:

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Home phone _____ Cell phone _____
Best communication email: _____

In case of emergency

Emergency Contact #1 _____ Phone _____ Relationship _____
Emergency Contact #2 _____ Phone _____ Relationship _____
Family physician _____ Phone _____
Insurance Co. _____
ID # _____ Group # _____
Primary Name of Policyholder _____ Relationship _____

Medical History

(Check the appropriate blanks)

Immunizations: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps _____ Hep A
Other: _____

Illnesses: _____

Allergies : _____

Previous operation or illness: _____

Current medication: (list) _____

Special diet: _____

Childhood diseases: Chicken pox _____ Measles _____ Mumps _____ Whooping cough _____ Other: _____

To whom it may concern:

I give the Forest Hills Baptist Church power of attorney to act on my behalf in obtaining medical care for the above named student. I/we, the undersigned, do hereby release, and forever discharge all sponsors and Forest Hills Baptist Church from any and all claims, demands, actions, and cause of action, past, present, or future arising out of any damage or injury while participating in the activity/event. This is for all event dates January 1 until December 31, 2023.

Do not sign without being in the presence of the notary.

Date _____ Parent or guardian _____

State of _____ Tennessee _____ County of _____

Before me personally appeared _____, to me known (or proved to me on the basis of satisfactory evidence) to be the person described in and who executed the foregoing instrument, and acknowledged that she/he executed the same as her/his free act and deed.

Witness my hand and seal, this _____ day of _____ 20_____

Notary Public _____ My commission expires _____

A front and back copy of your insurance card is required