HILLSIDECHURCH
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Hillside Church Medical Release and Permission Form

Student Name: _____ Date of Birth: _____

Address: _____

In case of emergency, contact: _____ phone number: _____

Insurance Company: _____

policy number: _____

Medical History (check all that apply)

_____ asthma

_____ diabetes

_____ heart problems

_____ other conditions

Year of last tetanus shot: _____

List any medications the student is currently taking: _____

Are adults allowed to administer Tylenol or ibuprofen? _____

Please list any additional pertinent medical history: _____

Allergies

Food: _____

Medication: _____

Insects: _____

Other: _____

Please list any dietary restrictions: _____

Permission for Treatment (must be notarized)

My permission is granted for the Youth Minister, staff person, or adult volunteer with Hillside Church to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verity that the information given above is complete and correct and I do hereby release and forever discharge all persons and Hillside Church form any and all claims, demands, actions or cause of action, past, present or future arising out of any damage or injury while participating in events with Hillside Church.

Signature: _____ Printed name: _____

On this, the _____ day of _____, _____ (year), the above signed and personally known by me, personally appeared before me and in my presence executed the within and foregoing Permission and Release Form. My commission expires _____.

_____

Notary Public