

HILLCREST BIBLE CHURCH MINOR HEALTH FORM and ACTIVITY WAIVER

(If any information changes, please submit a new form. A copy should be taken on each trip.)

Name of child: _____ Date of birth: _____ Grade: ____ Age ____

Address: _____ Phone number: _____

Cell Number: _____ Sex: _____ Height: _____ Weight: _____

Parent's names: _____ Parent's email: _____

Insurance and doctor information:

Do you have health insurance? _____

Name of insurance company: _____

Policy number: _____ Group number: _____

Name listed on policy: _____ Insurance phone number: _____

Doctor's name: _____ Phone number: _____ City/State: _____

Dentist's name: _____ Phone number: _____ City/State: _____

Please list any current medications taken by minor and dosage: _____

Please list any known pre-existing conditions:

Please list all known allergies:

Date of last tetanus shot: _____ Does the child wear contact lenses? _____ glasses? _____

List any known restrictions or other special physical or dietary needs:

Emergency Contact information:

Primary Contact Name: _____ Relationship: _____

Address: _____

Phone numbers: (home) _____ (work) _____ (mobile) _____

Secondary contact (Please list different contact information than primary contact)

Name: _____ Relationship: _____

Address: _____

Phone numbers: (home) _____ (work) _____ (mobile) _____

I understand that my child's photo might be taken at events and I give permission for those photos to be used for promotional purposes both electronic and in print.

PARENT/GUARDIAN OF A MINOR CONSENT AND HOLD HARMLESS FORM/ CONSENT TO TREAT A MINOR
(This form should be completed for each increased risk and offsite event and a copy should be taken on each trip)

I, _____ (**printed name of parent/guardian**) being the parent or legal guardian of _____ (**printed name of minor**) have been informed of the above activity sponsored by Hillcrest Bible Church and hereby give my consent for my minor child to participate in this activity. I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Hillcrest Bible Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form. I also understand that my minor child is to be excluded from the following activities:

_____ Being the parent or legal guardian of _____, (**minor's name printed**) I _____ (**parent/guardian's name**)

printed) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precaution during their care. Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

I agree to all of the above:

Signature of parent/guardian: _____ Date signed: _____