

# Zion Hill Baptist Church Medical Information & History Form

Last Name

*After completing form, please sign and date at the bottom.*

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PLEASE CIRCLE: MALE FEMALE

EMERGENCY CONTACT NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_ NIGHT PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

HOSPITAL INSURANCE? YES NO

INSURANCE COMPANY NAME \_\_\_\_\_ POLICY # \_\_\_\_\_

List date of last immunization: DPT \_\_\_\_\_ MMR \_\_\_\_\_ Tetanus \_\_\_\_\_

Polio \_\_\_\_\_ Flu \_\_\_\_\_

Check if student has had: Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Measles \_\_\_\_\_

Mumps \_\_\_\_\_ Other \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Previous serious illnesses: \_\_\_\_\_

Current medications and dosages: \_\_\_\_\_

Special dietary issues: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Printed Legal Name of Student

\_\_\_\_\_  
Date

First Name



# RELEASE FORM

## Release and Hold Harmless Agreement/Waiver for Events & Activities

**From January 1, 20\_\_ to December 31, 20\_\_ (1 YEAR)**

My name is **(PARENT NAME)** \_\_\_\_\_ and by this instrument, I do hereby release, acquit, hold harmless, and forever discharge ZION HILL BAPTIST CHURCH, its agents, servants, and employees, and all persons natural or corporate, in privity with them or any of them, from any and all claims or causes of any kind whatsoever, including but not limited to actions, suits, and/or claims for any bodily injuries, death, or property damage which may be sustained by **(CHILD NAME)** \_\_\_\_\_ while participating in any activity or activities, including travel to and from such activities and any negligence or lack of care due, or claimed to be due, to the conduct of any agent, servant, or employee of ZION HILL BAPTIST CHURCH. By signing this agreement, I give my permission for **(CHILD NAME)** \_\_\_\_\_ to receive medical attention in the event of any emergency. *It is my responsibility to provide correct insurance information to the church office and my responsibility to update such information should it change within the year.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

Medical Insurance Policy# \_\_\_\_\_

If my insurance changes at any time during the year, I understand and it is **my responsibility** to notify the church office.

**MEDICAL INFORMATION CONTINUED ON BACK**

### **CONSENT AND WAIVER REGARDING THE USE OF PHOTOGRAPHS AND VIDEO**

I hereby allow photographs and video of my child's participation in the activities of ZION HILL BAPTIST CHURCH to be published via print, video, or website which are affiliated with ZION HILL BAPTIST CHURCH. I understand that publication may be accomplished electronically via the internet/world wide web, copying my child's photographs and video there from, and subsequently using, altering or republishing without my consent. I waive any claim for damages against ZION HILL BAPTIST CHURCH from the un-consented -to use, alteration, or re-publication of my child's photographs and video by third parties accessing the internet/world wide web or obtaining copies of the print or video material.

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