

Pleasant Heights Baptist Church

2018 Student Medical/Activity Release

Name of Student: _____
Student's Date of Birth: _____ Grade: _____
Address: _____
City: _____ State: _____ Zip: _____

I, _____, parent or legal guardian of the above named student, do hereby agree that I will not hold Pleasant Heights Baptist Church (herein PHBC), or any staff member or volunteer of PHBC, liable or responsible for any accidents or injuries that may be sustained in connection with any PHBC activities. I understand that accidents do happen, and I will assume responsibility for any losses thereof. I also authorize emergency treatment for my child, should it become necessary for the welfare of my child.

Please list the following information in case of emergency:

Your Home Phone: _____ Your Work Phone: _____
Your Cellular Phone: _____ Other Contact Information: _____
Email Dad: _____ Email Mom: _____

Who can pick up student from activity?: _____
Doctor (Name & Phone): _____
Health Insurance Company Name: _____
Policy Number: _____
Food/Drug/Pet/Other Allergies: _____

Medications your student is currently taking: _____

ACTIVITY RELEASE

Realizing that PHBC is a Christian organization, and having standards of conduct that reflect those Christian values, there are rules that we must enforce, and which may be unique to each event/activity. By signing this release form, as a parent, you are also agreeing that if your student does not obey the rules of the activity/event, they are subject to the following discipline:

1. Parent(s) of student will be called.
 2. Parent(s) of student may be called and informed to come pick up their child.
 3. The student may not be allowed to attend the next activity.
- (These steps will be left up to the discretion of the person in charge of the event/activity).
(Any photocopy or facsimile of this page is just as valid and legally binding as the original copy.)

Signature of Parent or legal Guardian: _____ Date: _____

Signature of Student: _____ Date: _____