

# Pleasant Heights Baptist Church

## 2019 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: \_\_\_\_\_