

PROVIDENCE BAPTIST CHURCH of HARRISBURG

**Activity & Medical Release Form**

Effective  
01/01/2023

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Grade completed by Summer 2023 (if applicable) \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Emergency Contact #1**

**Emergency Contact #2**

Name \_\_\_\_\_

Name \_\_\_\_\_

Primary Phone \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

**HEALTH INFORMATION**

Primary Care Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured on Policy \_\_\_\_\_

Do you have any health care needs PBC should be aware of?  YES  NO If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

List allergies & reactions \_\_\_\_\_

\_\_\_\_\_

What is your blood type? \_\_\_\_\_ (Required only for international mission trips)

If under 18, can you take Tylenol (acetaminophen)?  YES  NO or Advil (ibuprofen)?  YES  NO

List prescriptions you are currently taking: \_\_\_\_\_

\_\_\_\_\_

**Check any of these conditions you may have:**

- Asthma       Sinusitis       Stomach problems       Kidney trouble
- Diabetes       Seizures       Heart trouble       Other \_\_\_\_\_

**Check any of these childhood diseases that you have had:**

- Chicken Pox     Measles     Mumps     Whooping Cough     Scarlet Fever

**Permission for Medical Treatment, Photograph/Video Notice, and Release and Indemnity**

(Please read and initial each paragraph below confirming your agreement. If under 18, parent must initial.)

I hereby grant permission for the adult leaders of Providence Baptist Church (PBC) the authority to provide basic First Aid or obtain necessary medical treatment in case of sickness or injury to my child or myself (in the event no other authorized next of kin is present to give permission and I am incapable of doing so). \_\_\_\_\_

Permission is hereby granted to Hospital, Emergency Room Personnel/Doctor to provide any treatment deemed necessary to the above listed participant. \_\_\_\_\_

In the event of a medical emergency, I understand that "911" will be called. \_\_\_\_\_

I understand as a participant, I or my child may be photographed or videotaped during normal event activities. I give my permission for myself or my child to appear in photographs and/or videos taken and used by PBC in publication(s), audiovisual productions, online promotions, and/or electronic transmissions. \_\_\_\_\_

In consideration of my child or myself being permitted to participate in PBC on or off campus events, I do hereby release and forever discharge, and further do agree to indemnify and forever hold harmless except to the extent of available insurance coverage, PBC, its pastors, employees, and volunteers assisting with PBC events (the "Released Parties") from any and all claims, demands, liability, or action arising from or to any injury or damage which may be sustained by my child or myself while participating in PBC events, except to the extent any such injury or damage results from the gross negligence or willful misconduct of a Released Party. \_\_\_\_\_

**If event participant is 18 or above:**

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Participant's Signature

**If event participant is 17 or under, parent or legal guardian consent and form notarization is required below.**  
**Do not sign unless you are present with a notary:**

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parent/Guardian Signature

**NOTARY ACKNOWLEDGEMENT**

On this day \_\_\_\_\_ personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Signature \_\_\_\_\_

My Commission expires \_\_\_\_\_