

PROVIDENCE BAPTIST CHURCH of HARRISBURG

Activity & Medical Release Form

Effective 01/01/2025

Participant's Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Grade completed by Summer 2024 (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 (no notary signature required):

_____ 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 _____