



(Year) \_\_\_\_\_ UHSM Medical Release & Liability Form

This form is good for all University Heights Student Ministry activities. Please fill it out completely and mail it to 2400 Sycamore Ave | Huntsville, TX 77340. You can also scan a completed copy and email it (billyjack@uhbc.net).

STUDENT'S NAME

[Redacted]

DATE OF BIRTH

[Redacted]

GRADE

[Redacted]

ALLERGIES

[Redacted]

MEDICATIONS

[Redacted]

ADDRESS

[Redacted]

[Redacted]

EMERGENCY CONTACT

[Redacted]

RELATIONSHIP

[Redacted]

PHONE

[Redacted]

PERMISSION TO GIVE

Aspirin? Y or N

Tylenol? Y or N

Ibuprofen? Y or N

Benadryl? Y or N

NAME OF INSURANCE COMPANY

[Redacted]

POLICY NUMBER

[Redacted]

GROUP NUMBER

[Redacted]

NAME OF THE INSURED

[Redacted]

I, the undersigned parent or guardian of children listed on this form, release University Heights Baptist Church (UHBC) of Huntsville, Texas from responsibility regarding my child. I agree not to sue or bring litigation against UHBC for any harm or disability incurred. I understand that UHBC will do its best to protect my child but cannot be expected to protect them from all harm or danger. Any act is not viewed as an act of negligence. Furthermore, I release the child listed on this form into the medical authority of UHBC and authorize any duly authorized employee, volunteer, or other representative of UHBC, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by and rendered under the general or specific supervision of any licensed physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician and/or surgeon at a clinic, hospital, or other medical facility. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care, but is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

For promotional purposes, videos and photographs will be taken during this event. Your participation in the event and registration of any child constitutes permission for UHBC to use these images in promotional materials.

PARENT or GUARDIAN SIGNATURE

[Redacted]

DATE

[Redacted]

WITNESS SIGNATURE

[Redacted]

DATE

[Redacted]

NOTARY SIGNATURE

[Redacted]

DATE

[Redacted]

NOTARY STAMP