



# Lake Highlands Baptist Church

## Medical / Media Release

This release will be in effect for the **September 1, 2017—August 31, 2018** year.

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by qualified and licensed medical doctor of the following person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

This authority is granted only after a reasonable effort has been made to reach me.

My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the below named participant. My signature also serves to indicate my willingness for my insurance company to be billed for any and all medical fees and services should they be needed and to release Lake Highlands Baptist Church and its employees from this liability.

I also understand that as a participant, my child/student may be photographed or videotaped during LHBC sponsored activities and these photos/videos may be used in promotional materials and/or the church website.

Child/Student's Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Parent Cell #: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Phone # of emergency contact: \_\_\_\_\_

Relationship to child/student: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

List of current allergies, illnesses, physical conditions, or medications: *(attach another sheet if needed)*

Is participant covered by personal or family medical insurance?  Yes  No

If yes, please fill out the following:

Name of insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_

\_\_\_\_\_  
Signature (parent/guardian)

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_