

**Permission Slip/Medical Release
For All 2023 Heatherwood Baptist Church Activities**

I give my authority and consent for my son/daughter to participate in any activity, during the year 2023, in which Heatherwood Baptist Church is sponsoring. I also give my authority and consent to Heatherwood Baptist Church's leadership to seek a doctor or qualified person to provide emergency medical treatment on the below named student in the event he/she is ill or injured while participating or traveling to and from any Heatherwood Baptist Church activity during the year 2023. I do hereby authorize and consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any licensed medical staff member under the provisions of the Medicine Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable.

It is also understood that effort will be made to reach his/her emergency contact, prior to rendering treatment, but that any of the above treatment will not be withheld if the emergency contact cannot be reached.

I understand the nature of all Heatherwood Baptist Church events and do hereby release Heatherwood Baptist Church, its staff and representatives, and any other entities, their staff and representatives that are involved for any particular event, from any liability for accidents or injury sustained by my child in conjunction with this event.

Student Personal Information

Full Name: _____ DOB: _____ Age _____
Phone: _____ Sex: ____ Address: _____
SSN _____ City: _____ State: _____ Zip: _____

In case of EMERGENCY Notify:

Full Name: _____
Phone: _____ Relationship: _____
Family Doctor: _____ Phone: _____

PLEASE LIST on the back any **special physical problems** (allergies, injuries, etc.), **Medications** taken on a regular basis and amounts, and **attach a copy of your insurance card - front and back**

_____ **is allowed to participate in all activities.**

He/she has my permission to take Tylenol _____ Advil _____

Please Initial below signifying you have read and agree:

_____ I understand that this release expires on December 31, 2023.

_____ I understand that it is my responsibility to report any changes for this form through the year 2023.

Signature of Parent/Legal Guardian _____ Date _____