

HANSON BAPTIST CHURCH

MEDICAL HISTORY AND LIABILITY RELEASE - 2026

Student's Name: _____ Birthday: ____/____/____ Age: _____ Grade: _____

Address: _____ Student's cell _____

Parent / Guardian Name _____ Email: _____

List health problems or limitations: _____

_____ Date last tetanus injection: ____/____/____

List medications the student is taking: _____

List any allergies (food, medications, etc.): _____

Medical Insurance Co.: _____ Policy #: _____

If group policy, name of employer and insured: _____

Physician's name and phone #: _____

EMERGENCY PHONE NUMBERS:

Parent's work #: _____ Cell #: _____

Parent's work #: _____ Cell #: _____

Relatives or friends to call (*names and numbers*): _____

I give my permission to the staff and sponsors of Hanson Baptist Church to authorize medical personnel to administer any necessary treatment in the event of an emergency. I also release Hanson Baptist Church, its staff, and its sponsors, from any legal liability. I also promise to take responsibility for any medical costs incurred. I give my permission for my child to be transported in church sponsored vehicles and to participate in any and all activities associated with the church.

Parent / Guardian Signature: _____

Date: ____ / ____ / ____

A COPY OF THIS AUTHORIZATION SHALL HAVE THE SAME FORCE AND EFFECT AS AN ORIGINAL.

Thank you for taking the time to help us ensure a safe and enjoyable outing for your child.