

Happy Valley Student Ministries Permission Form

Name _____ Date of Birth ___/___/___

Address _____ City _____ State _____ ZIP _____

In Emergency, Notify: _____ HM () _____ WK () _____

Medical Profile

Generally My Health Is: (Check One) ___Excellent ___Good ___Fair ___Poor

If Fair or Poor, Please Explain Your Condition: _____

List Any Medical Difficulties For Which You Are Currently Being Treated: _____

List Any Medicines Or Substances You Are Allergic To: _____

List Any Previous Operation Or Serious Illnesses: _____

List All Medications You Are Currently Taking: _____

*Permission to give the following (if needed): ___Tylenol ___Aspirin ___Ibuprofen _____ Other

List Any Special Diet: _____

Childhood Diseases: ___Chickenpox ___Measles ___Mumps ___Whooping Cough _____ Other

Date of Most Recent Tetanus Immunization: ___/___/___

Family Physician: _____ Phone: () _____

Insurance Company: _____ Policy #: _____

Subscriber Name: _____ Subscriber Number: _____

Place of Employment: _____ Subscriber Occupation: _____

My permission is granted for the Happy Valley Student Ministries (HVSM) staff, Happy Valley Baptist Church (HVBC) staff, or any event staff present to obtain necessary medical attention in case of sickness or injury to the participant named above. I, the undersigned parent/custodian, do hereby verify that the above information is correct and do hereby release and forever discharge all HVSM/HVBC staff and sponsors from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in HVSM/HVBC sponsored events. I also agree that should the participant fail to adhere to the rules of the event, said participant may be returned to the parents at the parents' expense.

Participant's Signature: _____ Date: ___/___/___

Parent/Custodial Signature: _____ Date: ___/___/___

Notary Public

On this the ___ day of _____, 20___, personally appeared before me _____, personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this ___ day of _____, 20___. My commission expires _____.

Notary Public