

TULIP GROVE BAPTIST CHURCH
MEDICAL/PERMISSION AND RELEASE FORM

2025

Participant's Legal Name _____ Date of Birth ____/____/____ Current Grade in School _____
Address of Participant _____ City _____ State _____ Zip _____
Parent/Legal Guardian Name _____ Address (if different) _____
City _____ State _____ Zip _____ Email Address _____
In case of emergency notify: _____ Phone Numbers: Mobile (____) _____
Work (____) _____ Other (____) _____

Medical Profile (Continue on back if necessary)

Generally, Participant's Health is: **(Circle One)** Excellent Good Fair Poor
If Fair or Poor, please explain your condition: _____
List any medical difficulties for which you are currently being treated: _____
Check any of the following that cause you problems and explain: Asthma _____ Sinusitis _____ Bronchitis _____
Kidney Trouble _____ Heart Trouble _____ Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever _____
List any medicines or substances to which you are allergic: _____
List any previous operations or serious illnesses: _____
List any medications you are currently taking: _____
List any special diet or special needs: _____
Childhood Diseases: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____ Other _____
Date of Most Recent Tetanus Immunization: ____/____/____

Family Physician _____ Phone (____) _____
Health Insurance Co. _____ Policy # _____
Subscriber Name _____ Subscriber Number _____ Place of Employment _____
Subscriber Occupation _____ Work Phone (____) _____

PERMISSION AND RELEASES – Tulip Grove Baptist Church Activities

By signing below, the participant (and parent/guardian if the participant is a minor) acknowledges that the participant named above has permission to travel with Tulip Grove Baptist Church or attend any Tulip Grove Baptist Church activities from January 1, 2025, to December 31, 2025.

I, the undersigned have legal custody of the participant named above, a minor, and have given my consent for him/her to attend events being organized by the church. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during my child's involvement.

This consent form gives permission to render or obtain necessary medical attention in case of sickness or injury to my child and releases the church and its staff of any liability against personal losses of named child. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors and Tulip Grove Baptist Church from all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in Tulip Grove Baptist Church activities.

PERMISSION FOR PHOTOGRAPHY – Tulip Grove Baptist Church Activities

☐ I **GIVE** permission to Tulip Grove Baptist Church to photograph and/or video my child for the promotional purposes of Tulip Grove Baptist Church. This may include but is not limited to brochures, newspapers, and the church website.

☐ I **DECLINE** permission for Tulip Grove Baptist Church to photograph and/or video my child for the promotional purposes of Tulip Grove Baptist Church.

Parent/Legal Guardian Signature _____ Date: _____

NOTARY ACKNOWLEDGEMENT

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

Place Notary Seal Below

Notary Public Signature
My commission expires _____

1/29/2025