

**TULIP GROVE BAPTIST CHURCH  
MEDICAL/PERMISSION AND RELEASE FORM**

**2026**

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 \_\_\_\_\_  
Parent/Guardian Phone Number(s) \_\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_

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**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\_\_\_\_, before me personally appeared \_\_\_\_\_, 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 \_\_\_\_\_