

**L.H.B.C. ANNUAL MEDICAL FORM**  
January 1-December 31, 2010  
(Please Print and return to church office or fax it to 824.4506)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ School \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_  
Student's cell phone \_\_\_\_\_ Student's Social Security # \_\_\_\_\_  
Student's e-mail \_\_\_\_\_  
Parents' Names \_\_\_\_\_ Parents' Work Phone \_\_\_\_\_  
Mother's cell \_\_\_\_\_ Father's cell \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Member's Name \_\_\_\_\_ Ins. Company Phone # \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medication being taken \_\_\_\_\_  
Physical Handicaps or Special Conditions \_\_\_\_\_

**MEDICAL AND SURGICAL WAIVER**

*Also: Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches*

I am the parent and/or legal guardian of \_\_\_\_\_ and hereby acknowledge that he/she is under my care, custody, and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the Long Hollow Baptist Church staff, its representatives, sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstance. I, the undersigned parent and legal guardian of above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Long Hollow Baptist Church or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

I also assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

I also give my permission to the Long Hollow Baptist Church staff, its representatives, and the adult sponsors and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reasons.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**