

**Temple Hill Baptist Church Youth Health Form
May 2021 - May 2022**

Personal Information:

Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Date of Birth: _____
Home Phone: _____ Cell Phone: _____
Sex: _____ Height: _____ Weight: _____

Known Allergies/Medical Conditions:

Emergency Contact Person:

Parent/Guardian: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Health Insurance Information: (Please attached a copy of insurance card to this form)

Insurance Company: _____ Policy Number: _____
Name of Insured: _____ Group Number: _____
Family Doctor: _____ Dr.'s Phone Number: _____

The undersigned hereby authorizes the holder of this Medical Release to obtain emergency care for the child named above, including such x-ray examinations, laboratory procedures, anesthesia, medical or surgical treatment, or other hospital services ordered by the attending physician or dentist, and his/her assistants or designees. I also authorize the release of all information necessary to settle any insurance claims. I also understand that I am responsible for charges not covered by insurance. A copy of this authorization can be used as the original.

The undersigned does also hereby give permission for their child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Temple Hill Baptist Church.

The undersigned does also hereby give permission for Temple Hill Baptist Church to use any photographic or video likeness of their child for ministry related media productions.

Date: _____ Signature: _____

COVID 19 Waiver 2020-2021

2020-2021 THBC Events

Covid-19 Waiver



Dear Parent/Legal Guardian:

Temple Hill Baptist Church (THBC) has put in place preventative measures to reduce the spread of COVID-19; however, THBC cannot guarantee or assure you that your child (which term shall include a child for whom you are the guardian) will not become infected with COVID-19 after attending activities and events at, or sponsored, arranged or allowed by THBC (collectively “Church Events”). Attending Church Events could increase your child’s risk of contracting COVID-19.

WAIVER OF LIABILITY

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk on behalf of my child, that my child may be exposed to or infected by COVID-19 by attending Church Events, and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

On my behalf, and on behalf of my child, I hereby waive, release, covenant not to sue, discharge, and hold harmless Temple Hill Baptist Church, its officers, directors, employees, agents, and representatives, of and from all claims, liabilities, actions, damages, costs, or expenses of any kind in any way arising from, or out of, or relating to, directly or indirectly, COVID-19 infection of my child or me or anyone else that I or my child may come into contact with, and any effects thereof, whether a COVID-19 infection occurs before, during, or after participation in any Church Events.

I understand that in order for my child to attend Temple Hill Baptist Church events during the 2020-2021 school year, I am required to submit this signed form to the church before participating in any event.

Parent signature: _____

Printed name: _____

Date: _____

Printed name of students:
