



Family Physician: \_\_\_\_\_

Medical Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Business Name, Address & Phone, Insurance Co, Policy & Group #, & Policy Holder)

**\*\*\* IN ORDER TO PICK UP A STUDENT YOU MUST BE A YOUTH OR ADULT OVER THE AGE OF 16. \*\*\***

Approved Pick Up: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I approve any member of Highland Hills Baptist Church in good standing to pick up my child. Initial: \_\_\_\_\_

Any Non-Approved Pick Up: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Any Other Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure, medical treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by Highland Hills Baptist Church and its agents during the events and activities. I understand the possibilities of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Highland Hills Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. My signature confirms that I hereby give witness to the proper completion of this form.

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_