

HAWAII PACIFIC BAPTIST CONVENTION
Pinewood Derby: April 14, 2018
INFORMATION AND MEDICAL RELEASE FORM: Due by March 30, 2018

ONE FORM per person. Please complete form or have parent or guardian sign form for children, and then turn it in to your coordinator.

CHILD'S INFORMATION:

NAME _____ AGE: _____ M / F
ADDRESS: _____ (City) _____, HI ZIP _____
CHURCH CHILD ATTENDS _____

EMERGENCY INFORMATION:

Father's Name: _____ Mother's Name: _____

Parent can be reached at: HOME PHONE: _____ CELL _____

In the event of an emergency and I am unable to be reached, please notify:

_____ at _____ Relationship: _____

ADULT PARTICIPANT:

NAME: _____ EMAIL _____
ADDRESS: _____ (City) _____, HI ZIP _____
CELL PHONE NO: _____ HOME PHONE NO: _____
CHURCH YOU ATTEND: _____

MEDICAL HISTORY

Allergic Reactions to: Aspirin _____ Penicillin _____ Insect bites _____ Food _____ - Specify _____

Other allergies: _____ Date of last tetanus toxoid immunization: _____

Operations or serious injuries we should be aware of: _____

Check if you have: Sinus Trouble _____ Heart Trouble _____ Asthma _____ Hay Fever _____ Epilepsy _____ Diabetes _____

Do you have any physical limitations? _____ If yes, please explain: _____

Insurance Company: _____ Policy Number: _____

Name of Physician: _____ Telephone No. _____

AUTHORIZATION AND PERMISSION FORM

I hereby authorize medical assistance and/or surgical treatment in the event of an emergency for above named participant by physician chosen by the director of the event. Every effort will be made to contact you in the event of an emergency.

I give permission for the person named above to participate in this event and to have his/her photo and/or video taken and used for various HPBC publications and promotions: Yes _____ No _____

I will not hold Hawaii Pacific Baptist Convention or its staff responsible for accidents which may occur. Adequate supervision will be provided at all times.

Date: _____ Signature of Participant or Child's Parent or Guardian: _____

Print name of Participant or Parent or Guardian signing this form: _____