



Medical Release & Permission Form

Participant's Name _____ Birthdate ___/___/___ M F
 Participant's Address _____ City _____ State _____
 Zip _____ Home Phone _____/_____/_____

Father/Guardian's Name _____
 Address (if different) _____ City _____ State _____
 Zip _____ Work Phone _____/_____/_____ Cell _____/_____/_____
 Email _____

Mother/Guardian's Name _____
 Address (if different) _____ City _____ State _____
 Zip _____ Work Phone _____/_____/_____ Cell _____/_____/_____
 Email _____

Name of Person to call in case of emergency if parent/guardian cannot be reached.
 Name _____ Relationship _____
 Address _____ City _____ State _____
 Work Phone _____/_____/_____/ Cell _____/_____/_____

Family Physician _____ Phone _____/_____/_____
 Family Dentist _____ Phone _____/_____/_____
 Hospital Insurance Yes No Policy Number _____
 Name of Insurance Company _____

Please attach a copy of insurance card – copy machine available at FBC

Date of last immunization: DPT ___/___/___ MMR ___/___/___
 Tetnus ___/___/___ Polio ___/___/___

Check if attendee has had: Chicken Pox Measles Whooping Cough

Other _____
 Food Allergies _____ Insect Bite Allergies _____
 Drug Allergies _____
 Previous Serious Illness(es) _____
 Current Medication(s) _____
 Special Diet _____
 Additional Information _____

Medical Release & Permission Form

First Baptist Church, Midland, Texas, is designated by the abbreviation "FBC" throughout this form.

I authorize FBC to take my child to the above named physician(s) for medical treatment **in the event of an emergency in which neither parent/guardian can be reached.**

I authorize any licensed physician, dentist, or medical treatment center to treat my child in case of emergency in which the above named physician cannot respond. I shall be liable and agree to pay all reasonable and necessary costs and expenses incurred in connection with any necessary and reasonable medical, dental or hospital services rendered to my child pursuant to their authorization.

I authorize any adult, in whose care my child has been entrusted, to consent to any necessary and reasonable medical treatment including but not limited to x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care under the general or special supervision and on the advice of any licensed physician or dentist on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of the physician or dentist or at the hospital.

I AGREE TO INDEMNIFY AND HOLD HARMLESS FBC and its affiliates, and their officers, directors, agents, legal representatives, employees and volunteers, from any and all claims, demands, or suits, arising out of my child's participation at any FBC event, or events of any nature that occur during any FBC sponsored activity in which my child participates.

I further authorize FBC to furnish any necessary transportation, food and lodging for my child. This medical release and permission form shall remain in full force until written notice of revocation is received by FBC at 2104 W. Louisiana, Midland, Texas 79701. **It is my responsibility to notify FBC, in writing, of any changes in my child's medical condition, guardianship, address or phone number.**

INTERNATIONAL TRIPS ONLY: I understand that my insurance company may be the primary insurance carrier responsible for charges incurred. However, one-time insurance coverage will be provided by Adams and Associates International, for medical, life and emergency evacuation insurance for the duration of this event only. (Please read the Adams and Associates Int'l policy #902-1803 available FBC Missions Office.)

I give permission for my child to attend and participate in activities sponsored by FBC, which may include supervised water activities and transportation. I authorize FBC to teach and lead my child in religious lessons and services, which may include prayer and Bible teaching.

Should it be necessary for my child to return home due to medical reasons, misconduct or otherwise, I agree to pay all transportation costs associated with such travel.

I understand that photos, videos and statements of my child may be taken for use in FBC publications or website. I also understand that after publication, FBC will be unable to prevent persons from gaining access to the internet/World Wide Web, copying my child's photographs and video there from, and subsequently using, altering or republishing them without my consent. I waive any claim for damages against FBC from unconsented use, alteration or republications of my child's photographs and video by third parties accessing the Internet/World Wide Web.

Signature of Parent or Legal Guardian _____ Date _____

Printed Name _____