

**FBC-Diboll - Youth Community.....Medical Release & Consent Form**

**January – December 2008**

**PLEASE PRINT**

Participant's **Full** Name \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Parent's / Guardian's Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth e-mail \_\_\_\_\_ Parent e-mail \_\_\_\_\_

If not available in an emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor name and number \_\_\_\_\_

Insurance info and Phone # \_\_\_\_\_

**the hospitals request:** \*\* a copy of the front and back of your insurance card attached to this form\*\*  
**that we include:** \*\* a copy of your child's shot & immunization record attached to this form\*\*

Known Allergies & reaction (to medication and other allergens) \_\_\_\_\_

Known Medical/Behavioral/Psychological Conditions\* (i.e. asthma, diabetes, ADHD, Depression, etc.) \_\_\_\_\_

Regularly taken Prescription Medication \* (incl. dosage, times taken) \_\_\_\_\_

Other Pertinent Information \_\_\_\_\_

\* Complete additional information on the back of this sheet if necessary...check here  more on back ->

Are there any over the counter medications that the participant should **not** receive if any minor symptoms develop?  
(i.e. Tylenol, Advil, Kaopectate, etc.) \_\_\_\_\_

I agree to hold harmless the leaders of my church, the leaders of other churches involved, the event coordinators, and the Southern Baptist General Convention of Texas in the event of any accident or injury.

In the event that my child requires medical or dental attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

**Valid: January – December 2008**

Date \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_ Custodial Parent or Legal Guardian Signature \_\_\_\_\_

State of Texas  
County of Angelina

Subscribed and sworn before me by the said \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
Notary Public – State of Texas