

# MEDICAL RELEASE / PARENTAL CONSENT FORM

Central Baptist Church, 1991 FM 193, College Station, TX 77845 (979) 776-9977

## PARTICIPANT INFORMATION:

Name	Age	Gender	Birthdate
Address	City	State	Zip
Home Phone	Student Cell Phone		
Home E-mail	Student E-mail		
School			Grade
Member of Central Baptist Church? _____		Guest of _____	

## EMERGENCY CONTACTS:

Mother's Name	Home Phone	Cell Phone
Mother's Place of employment	E-mail	
Father's Name:	Home Phone	Cell Phone
Father's Place of employment	E-mail	

In event of illness or emergency and parents cannot be reached, we should notify:

Name	Relationship	Home Phone	Cell Phone
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## HEALTH INSURANCE INFORMATION:

Insurance Company	Phone Number
Policy Holder	ID # / Group #

## MEDICAL INFORMATION:

Physician's Name	Phone	Hospital Preference
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**MEDICAL HISTORY** Check the ones that apply to your student:

☐ Asthma    ☐ Diabetes    ☐ Epi-Pen    ☐ Heart    ☐ Seizures    ☐ Stomach    ☐ Other:

Does your child wear contact lens? \_\_\_\_\_ Glasses? \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

**ALLERGIES** (medicines, food, insect stings, plants, etc.)

**MEDICATION** List all to be taken (include medication, name, dose, frequency and reason for each)

Medication:	Dose:	Frequency:	Reason taken:
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\*\*\*\*PLEASE CONTINUE ON BACK; SIGNATURE NEEDED\*\*\*\*

# Release, Discharge, Waiver and Hold Harmless Agreement

## MEDICAL ATTENTION:

I hereby authorize any staff member and/or adult sponsor who may be supervising or directing any activity sponsored by Central Baptist Church, to authorize medical treatment, including but not limited to emergency surgery. I agree to assume liability for any and all costs and expenses incurred, including medical and dental costs, and that Central Baptist Church, its staff, employees, and sponsors with them are not responsible.

## LIABILITY RELEASE:

I understand that the risk of injury from any recreational and work activity is significant, including, but not limited to, the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my student's participation and observing of such recreational and work activities.

I do hereby release, forever discharge, and covenant to hold harmless Central Baptist Church, its staff, employees, and sponsors from any and all liability, claims or demands for personal injury, sickness and death, as well as property damage and expenses, of any nature whatsoever while participating in any event sponsored by Central Baptist Church, including travel to and from any church activities. This agreement also applies to any and all activities on or off church property.

## BELONGINGS:

I give authority and permission to Central Baptist Church, its staff, employees, and sponsors to inspect my student's belongings.

## UNPLANNED EXPENSES:

If it is necessary for my child to return home before the scheduled return, I shall assume all costs associated with such a return trip.

I assume full responsibility for any damage to property and/or equipment caused by my student and I understand I will be responsible for replacement of same.

## TRANSPORTATION PERMISSION:

I give my permission for my student 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 Central Baptist Church.

## PERMISSION FOR USE OF PICTURES:

Photos or videos taken of my student during any event may be used to promote and/or report on the event in any Central Baptist Church advertising, publication or media. Names of minors will not be used.

## PERMISSION TO PARTICIPATE:

I hereby grant my permission for my child to participate fully in any and all events and/or activities that are a part of any program or activity of CBC.

## PERMISSION FOR COUNSELING:

I understand that Central Baptist Church sponsored activities provides a place where students can seek counsel and advice from adult leaders, staff, counselors, and others. I hereby consent to my student receiving spiritual and emotional counsel.

## INFORMATION VERIFICATION:

I, the undersigned, do hereby verify that the above information is correct.

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Parent/Guardian PRINTED NAME

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Relationship to Student

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Parent/Guardian SIGNATURE

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Today's Date

This authorization is valid until August 31, 2024.