

The Children/Preteen Ministry at FBC Lake Jackson  
401 Yaupon Lake Jackson, Tx 77566  
Medical Permission & Release Form 2009

Child/Preteen's Name \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Male/Female

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Other Guardian \_\_\_\_\_ Phone \_\_\_\_\_

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 the church.

Date of Last Immunization: DPT \_\_\_\_\_ MMR \_\_\_\_\_

Tetanus \_\_\_\_\_ Polio \_\_\_\_\_

Check if child has had: Chicken Pox \_\_\_ Measles \_\_\_

Mumps \_\_\_ Whooping Cough \_\_\_

Other \_\_\_

Allergies: Foods \_\_\_\_\_

Insect Bites \_\_\_\_\_

Drugs \_\_\_\_\_

Previous Serious Illness \_\_\_\_\_

Current Medication \_\_\_\_\_

Special Diet \_\_\_\_\_

The Children/Preteen Ministry at First Baptist Church Lake Jackson is designated by First Baptist Church Lake Jackson by the abbreviation "FBCLJ" throughout this entire form.

I (we) hereby authorize FBCLJ to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by FBCLJ and FBCLJ Children/Preteen Ministries.

I (we) hereby authorize FBCLJ to transport my (our) child to or from church activities.

I (we) hereby authorize FBCLJ to include my (our) child in supervised water activities.

I (we) hereby authorize FBCLJ and its acting leaders to teach and lead my (our) child in religious lessons and services, which may include prayer and Bible teaching.

I (we) hereby authorize any adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

I (we) hereby authorize any licensed physician or medical treatment center to treat my (our) child in case of emergency in which the before named physician cannot respond.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to their authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we) hereby release, forever discharge and agree to hold harmless FBCLJ and the directors there of from any and all liability, claims, or damages for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and child-participant that occur while said child is participating in any trip or activity with FBCLJ.

Furthermore, I (we) [and on behalf of my (our) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said participant, including expenses incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force throughout 2009 and in effect until written notice of revocation or withdrawal is received by FBCLJ at its office at 401 Yaupon Lake Jackson, TX 77566. It is the responsibility of the parent/guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed above.

_____	_____	_____	_____
Father	Date	Mother	Date
_____	_____	_____	_____
Legal Guardian	Date	Participant	Date