EVENT AND MEDICAL RELEASE FORM
FIRST BAPTIST CHURCH - WHITEHOUSE, TX

NAME: _____
(LAST) *(FIRST)* *(MIDDLE)*

HOME ADDRESS: _____
(STREET) *(CITY)* *(ZIPCODE)*

HOME PHONE: _____ **CELL PHONE:** _____ **BIRTH DATE:** _____

PARENT/GUARDIAN NAME(S): _____

(PLEASE COMPLETE THE EMERGENCY INFORMATION BELOW)

AUTHORIZATION FOR MEDICAL AID AND RESPONSIBILITY RELEASE

EMERGENCY CONTACT OTHER THAN LISTED ABOVE: _____
(NAME)

_____
(ADDRESS) *(PHONE)*

INSURANCE INFO: _____
(INS. COMPANY) *(MEMBERSHIP NO.)*

PHYSICIAN: _____ **PHONE NUMBER:** _____

PLEASE LIST ALLERGIES AND/OR OTHER INFORMATION EMERGENCY PERSONNEL WOULD NEED: _____

_____

RELEASE OF LIABILITY

BY SIGNING BELOW, I AGREE THAT NEITHER THE FIRST BAPTIST CHURCH, WHITEHOUSE, TX, NOR ANY OF ITS STAFF, EMPLOYEES, OR WORKERS SHALL BE HELD RESPONSIBLE FOR ANY ACCIDENT INVOLVING INJURY TO ME OR MY CHILD, AND I DO HEREBY HOLD SAID CHURCH, ITS STAFF, EMPLOYEES, OR WORKERS HARMLESS AND RELEASE THEM FROM ANY LIABILITY FOR INJURY WHICH I OR MY CHILD MIGHT SUSTAIN WHILE IN THEIR CARE OR WHILE PARTICIPATING IN ANY ACTIVITY OR PROGRAM SPONSORED OR CONDUCTED BY SAID CHURCH.

_____
SIGNATURE OF PARENT **DATE**

EMERGENCY MEDICAL AUTHORIZATION

BY SIGNING BELOW, I AUTHORIZE ANY STAFF MEMBER, EMPLOYEE, SPONSOR, OR WORKER OF THE FIRST BAPTIST CHURCH, WHITEHOUSE, TX, TO SECURE ANY NECESSARY MEDICAL OR SURGICAL TREATMENT FOR ME OR MY CHILD IN THE EVENT OF AN EMERGENCY ARISING FROM AN ACCIDENT OR SUDDEN ILLNESS WHILE I OR MY CHILD IS A PARTICIPANT IN ANY ACTIVITY OR PROGRAM OF THE FIRST BAPTIST CHURCH, WHITEHOUSE, TX.

_____
SIGNATURE OF PARENT **DATE**

BY SIGNING BELOW, WE (PARENT AND STUDENT) UNDERSTAND THAT IF THE STUDENT DOES NOT FOLLOW THE "EVENT RULES", THEY WILL BE SENT HOME AT THE PARENTS EXPENSE.

_____ _____
SIGNATURE OF PARENT **DATE** **SIGNATURE OF STUDENT** **DATE**