New Hebron Baptist Church

4353 FM 451 Waskom, TX 75692
(903)633-2645

Medical Release and Emergency Information

Name: _____ Birth Date: _____ Age: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell/Work Phone: _____ Grade: _____

In the event that _____ becomes ill or sustains an injury while participating in or traveling to or from an authorized and chaperoned church event with New Hebron Baptist Church, Waskom, Texas, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and/or administer first aid. I also consent to x-ray examinations, anesthetic, medical, dental, or surgical diagnosis and treatment, including invasive procedures and hospital care as well as the administration of drugs or medicine to be rendered to my son or daughter under my legal watch care, under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.

I release the church and its representatives or sponsors from liability for accidental injuries on these trips or activities.

I assume all responsibility for any medical and emergency expenses associated with any accident, injury, or other incapacity, regardless of whether I have authorized such expenses.

I further understand and agree that, in the event that the above named son/daughter be involved in any non-Christian or dangerous activities, I will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.

I understand that this consent will apply in all emergency situations present and future and will remain in effect until written revocation is received by certified United States Mail.

_____ _____

Signature of Legal Guardian Date Signed

Insurance Policy Number _____ Group Policy Number _____

Group Policy with _____

Coverage Verification Phone Number _____

Doctor's Name and Phone Number _____

Current Medications _____

List any medical, physical, or other limitations _____

_____

Allergies (drug, food, insect, etc.) _____

Date of Last Tetanus Shot _____