



MEDICAL & LIABILITY RELEASE FORM

(Bring with you at time of registration)

I, as parent/guardian of _____, release Houston's First Baptist Church, its agents, and employees from any claims or causes of action arising from or connected with transportation to and from, attendance, and participation at the Houston Project, _____ (insert dates). I further agree that Houston's First Baptist Church, its agents or employees, are authorized to provide such medical care treatment as may be necessary, in their judgment, during such transportation and project.

Signature: _____ Date: _____
Home Phone: _____ Business Phone: _____

If parents cannot be reached, please contact:

Name: _____
Home Phone: _____ Work Phone: _____

1. Health History: (Check where appropriate. Please also give approximate dates.)

<input type="checkbox"/> Bleeding/Clotting disorders	<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hearing defect/disease	<input type="checkbox"/> Psychiatric Treatment
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Other: please explain

In the event that your student becomes ill, is there any other medical contentions of which we should be concerned? [] Yes [] No
If yes, please describe: _____

You may choose to call your Pastor or Student Director and discuss the conditions personally rather than give this information on this form. Your privacy will be respected.

2. Does your Student have any known allergies? [] Yes [] No If yes, please check known allergies.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Ivy Poisoning,	<input type="checkbox"/> other

Other: _____

3. Does your Student have any physical disabilities? [] Yes [] No

If yes, what? _____



4. Does your Student take any medicines regularly? Yes No

If yes, what? _____

5. Is your Student under a physician's care at this time? Yes No

If yes, you will need to provide a statement from your physician telling of the medications, special diet, restrictions as to recreation activities, other.

6. In case of emergency, please check one: Call before treating. Give First Aid, then call.

7. Are all immunizations up to date? Yes No If no, please indicate reason: _____

Date of last tetanus shot: _____

8. Houston Project Participant's Date of Birth: _____

9. Doctor: _____ Phone: _____

INSURANCE:

All Houston Project participants must provide their own health insurance as the primary source of coverage. First Baptist Church will provide no medical, health, life or other insurance to participants.

Hospital Insurance: Yes No

Insurance Company: _____

Policy Number: _____ Group Number: _____