



SOUTH PARK BAPTIST CHURCH

7201 CROWLEY RD FT.WORTH, TX 76134
phone: 817-293-2760 email: spbc7201@spbc.life

PERMISSION RELEASE & MEDICAL RELEASE

Church Information:

Name of Church _____ City _____ State _____

Church Leader _____ Contact Number _____

Student/ Chaperone Information:

Student Name _____ Age _____

Date of Birth _____ Last Grade Completed _____

Address _____

City _____ State _____ Zip _____

Emergency Information:

Parent/Guardian _____ Work Phone(s) _____

Cell Phone _____ Email _____

Alternate Contact: _____ Relationship _____ Phone _____

Health Insurance Company _____ Policy Number _____

Physician(s) _____ Phone(s) _____

Medical Profile:

Generally, the participant's health is: (check one) Excellent Good Fair Poor

If Fair or Poor, please explain the condition: _____

Check any of the following that cause you problems & explain:

Asthma _____ Sinusitis _____

Bronchitis _____ Kidney Trouble _____

Heart Trouble _____ Dizziness _____

Stomach Upset _____ Hay Fever _____

Diabetes _____

List any medicines or substances to which you are allergic _____

List any previous operations or serious illnesses _____

List all medications you currently taking _____

List any special diet or special needs _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough
Other _____

Is your child immunized according to State of Texas public school requirements: Yes No Choose not to Immunize

PERMISSION FOR TREATMENT AND PHOTO/VIDEO NOTICE

My permission is granted for any adult representative of the staff or my local church leaders to obtain necessary medical attention in case of illness or injury to my child.

Also, I understand that as a participant, my child may be photographed or videotaped during normal activities and these photo/videos may be used in promotional materials only.

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

Hereby release and forever discharge all sponsors and the staff from any and all claims, demands, actions or cause of the action, past, present or future, arising out of any damage or injury while participating in church events.

I, the parent / guardian, verify that the above information is correct so that I may be contacted when needed or in the event of an emergency. As parent / guardian, I do herewith authorize treatment under the direction of any licensed physician of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

The undersigned assumes the responsibility for any costs (if said health insurance company does not pay) connected with such treatment and hereby releases South Park Baptist Church and its affiliated leaders of any liability thereof.

This release form is completed and signed of my own freewill with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature Relationship Date

On this the _____ day of _____, 20____,

_____ personally appeared before me, and in my presence executed the

within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, 20____.

_____ Notary Republic.

I have given permission for my child to attend the following events (properly dated and signed with my initials).

Event _____ Date _____ Parent Initials _____