

MEDICAL RELEASE FORM

summer  creek
BAPTIST CHURCH
12159 W. Lake Houston Pkwy
Houston, TX 77044
(281) 458-7800

I hereby give my permission for _____ to take part in various church sponsored youth trips, outings, and camps. I further give my permission for the church representatives or sponsors of the trips so secure needed medical treatment in the event that I cannot be reached for such permission. I release the church and/or the church representatives or sponsors from liability for accident or injuries on the activities.

I further understand and agree that in the event that the above named son/daughter be involved in activities that violate or compromise the rules, policies, or purposes of **Summer Creek Baptist Church**, I will pay and accept full responsibility for release of my child to my custody and care.

Child's Street Address _____

Child's Phone _____

Child's City/ST/Zip: _____

Child's Date of Birth _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Parent or Guardian: _____

Cell Phone: _____

Parent or Guardian: _____

Cell Phone: _____

Doctor: _____

Office Phone: _____

Friend or Relative: _____

Cell Phone: _____

Known food/drug allergies: _____

Medication taken regularly: _____

Swimming: My child is a ☐ non-swimmer ☐ fair swimmer ☐ good swimmer Date of last tetanus shot/booster: _____

Medical Insurance Company: _____

Phone: _____

Group Number: _____

Policy Number: _____

I understand that my signature conveys the following:

1. My authorization for the adult leader to obtain necessary medical treatment for minor listed above.
2. I knowingly release, absolve, indemnify, and hold harmless **Summer Creek Baptist Church** of Houston, Texas from all claims that might result from any injury or death of minor listed above.
3. Should medical treatment be required, I agree to pay all medical/hospital care costs, either directly or through my personal health and accident insurance policy.

Signature: _____

Date: _____

STATE OF TEXAS

County of HARRIS

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, year _____.

(PERSONALIZED SEAL)

Notary Public's Signature