Medical Release Form
HAFBC Church - Sponsored Activities
19901 Townsen Blvd E, Humble, TX 77338
281-446-8168

I hereby give my permission for _____ to take part in various church-sponsored
(Student's Name)
trips, outings, and camps. I further give my permission for the church representatives or sponsors of the trips or activities to secure needed medical treatment in the event that I cannot be reached for such permission. I release the church representatives or sponsors from liability for accidents or injuries on these trips or activities.

I further understand and agree that in the event the above-named child is involved in activities that violate or compromise rules, policies, or purposes of Humble Area's First Baptist Church, I will pay and accept full responsibility for release of my child to my custody and care.

(Please Print)

Student Information:

Home Address: _____

City _____ State:_____ Zip:_____ Home Phone: (____) _____

Cell: (____) _____ Date of Birth: _____ Social Security #:_____

In case of emergency, please contact:

Parent/Guardian_____

Home Phone: (____) _____ Cell: (____) _____ Work: (____) _____

Doctor's Information:

Doctor's Name and Address: _____

City: _____ State: _____ Zip:_____ Phone: (____)_____

Other Contact:

Friend/Relative: _____ Phone: (____) _____

For Our Information:

List known food/drug allergies: _____

Medication(s) taken regularly: _____

Date of last tetanus shot: _____

Insurance Information:

Family Medical Insurance Company:_____

Policy Number or Group Number (Please attach copy of card):_____

I have read and understand this Medical Release Form and represent that all the information contained herein is true and correct. I hereby accept and assume all the risks of injury associated with the activities of Humble Area's First Baptist Church.

*This form must be signed by **both** parents of the minor participating in HAFBC activities.

_____	_____	_____
(Mother's Printed Name)	(Mother's Signature)	(Date)
_____	_____	_____
(Father's Printed Name)	(Father's Signature)	(Date)

If only one parent/guardian signs this form, the following must be signed:

I affirm that this form was signed by only one parent/guardian because: (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or by court order; or (2) I have made a good-faith effort to obtain the signature from the other parent/guardian but have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/guardian objects to the child's participation in this church-sponsored activity.

_____	_____	_____
(Parent's Printed Name)	(Parent's Signature)	(Date)