

The Children/Preteen Ministry at Prestonwood
6801 W. Park Boulevard, Plano, TX 75093
972.820.5353

Medical Permission & Release Form 2011

Child/Preteen's Name _____ Age _____

Birth date _____ **Grade** _____ during _____ / _____ **School Year** Male/Female

Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Parent Name _____ Cell Phone _____

Work Phone _____ Email address _____

Parent Name _____ Cell Phone _____

Work Phone _____ Email address _____

Emergency Contact (if parent cannot be reached)

Name: _____ Phone _____

Other Guardian _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Hospital Insurance* ___yes ___ no Policy Number _____

Name of Insurance Company _____

***Please attach a copy of insurance card—copy machine available at PBC.**

Date of Last Immunization: DPT _____ MMR _____

Tetanus _____ Polio _____

Check if child has had: Chicken Pox _____ Measles _____
Mumps _____ Whooping Cough _____

Other (specify) _____

Allergies:

Foods _____

Insect Bites _____

Drugs _____

Previous Serious Illness(es) _____

Current Medication _____

Special Diet _____

Special Notes _____

Signature required on back of form →

The Children / Preteen Ministry at Prestonwood Baptist Church, Inc., a Texas non-profit corporation, is designated by the abbreviation "PBC" throughout this entire form.

I (we) hereby authorize PBC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by PBC and Prestonwood Children/Preteen Ministries.

I (we) hereby authorize PBC to transport my (our) child to or from church activities.

I (we) hereby authorize PBC to include my (our) child in supervised water activities.

I (we) hereby authorize PBC and its acting leaders to teach and lead my (our) child in religious lessons and services, which may include prayer and Bible teaching.

I (we) hereby authorize any adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

I (we) hereby authorize any licensed physician or medical treatment center to treat my (our) child in case of emergency in which the before named physician cannot respond.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to their authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we) HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS PBC and affiliates, and their officers, directors, agents, legal representatives, employees from any claims arising directly or indirectly out of Minor's participation in the Trip, or events of any nature that occur during the Trip. I (we) agree that to bear all costs (including attorneys' fees, litigation costs, expenses, or judgments resulting from any claims or lawsuits filed by anyone for Minor's bodily injury (including but not limited to illness, accidents, kidnapping, and detention), property damage, or death, which is alleged to have resulted from Minor's participation in the Trip, or events of any nature that occur during the Trip. It is the intention of the parties hereto that Participants will protect Released Parties from any liability for bodily injury (including but not limited to illness, accidents, kidnapping, and detention), property damage, or death as a consequence of Minor's participation in the Trip, whether or not the bodily injury (including but not limited to illness, accidents, kidnapping, and detention), property damage, or death is caused by acts or omissions of Released Parties or any third party (including others who may be participating in the Trip, or events of any nature that occur during the Trip). PARTICIPANTS HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY (including but not limited to illness, accidents, kidnapping, and detention), PROPERTY DAMAGE, OR DEATH TO MINOR DUE TO THE ORDINARY NEGLIGENCE OF RELEASED PARTIES AND THE ORDINARY NEGLIGENCE, GROSS NEGLIGENCE, OR WILLFUL MISCONDUCT OF ANY THIRD PARTY, INCLUDING OTHERS PARTICIPATING ON THE TRIP.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The medical consent and liability waiver provisions hereof shall remain in full force through 2011 and in effect until written notice of revocation or withdrawal is received by PBC at its office at 6801 West Park Boulevard, Plano, TX 75093. It is the responsibility of the parent/guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed above.

I (we) understand photos and videos of my child may be taken for use in PBC publications. I also understand publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication; PBC will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering or republishing them without my consent.

I (we) waive any claim for damages against PBC from unconsented-to use, alteration or republication of my photographs and video by third parties accessing the Internet/World Wide Web.

Father Date

Mother Date

Legal Guardian Date

Participant Date