INDIANA AVE
BAPTIST CHURCH

8315 Indiana Avenue, Lubbock, Texas 79423 – 806.797.9704

Student Medical & Travel Release Form – January 1, 2007 through December 31, 2008

Participant's Name _____ Date Completed _____
Last Name First Name MI

Address _____
Street City State Zip

Home Phone _____ Birth Date ___/___/_____ Grade _____ Gender (circle) M F
mm / dd / yyyy

Father _____ Work Phone _____ Cell Phone _____

Mother _____ Work Phone _____ Cell Phone _____

Guardian _____ Work Phone _____ Cell Phone _____

In case of an emergency and a parent cannot be reached, please contact:

Name _____ Phone(s) _____ Relationship _____

Required Emergency Medical Information:

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Medical Insurance [ ] Yes [ ] No Name of Insurance Company _____

Policy Number _____ Insurance Company Phone Number _____

Name & Birth Date of Primary Insured _____

***** Please attach a copy of the front and back of participant's medical insurance card. *****

Daily Medication Requirements:

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Food and/or medicine allergies: _____

_____

Other Important Medical Information: _____

_____

_____

I (we) hereby DO _____ or DO NOT _____ consent to the use of blood and/or blood products under the care of a licensed physician in the case of emergency.

Indiana Avenue Baptist Church and Children's Ministry (Together With Their Respective Officers, Employees and Agents) and Each Volunteer Assisting Them Are Collectively Designated By The Abbreviation "IABC" Throughout This Entire Form and the Term "IABC" Shall Refer to Them Individually As Well As Collectively.

- I (we) hereby authorize IABC to take my (our) child for medical treatment in the event of an illness or injury in which neither parent can be reached after reasonable attempt to do so.
- I (we) do hereby authorize any physician, dentist, hospital or medical treatment center to treat my (our) child in the case of emergency. The undersigned adult 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 this authorization. Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs.
- I (we) hereby authorize IABC to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital.
- I (we) herby do authorize IABC to dispense to my (our) child any over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary.
- I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by IABC and/or Children's Ministries.
- I (we) hereby authorize IABC to transport my (our) child to or from church and/or any other church related and sponsored activities and events.
- I (we) authorize IABC to include my (our) child in routinely supervised water activities.
- I (we) hereby release, forever discharge and agree to defend and hold harmless IABC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child/participant that occur while said child is participating in any trip or activity with IABC.
- I (we) (and on behalf of my (our) child) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. Further authorization and permission is hereby given to IABC to furnish any necessary transportation, food, and lodging for my (our) child.
- The undersigned further hereby agrees to hold harmless and indemnify IABC from and against any claim against or loss incurred by IABC as the result of the negligent, willful or intentional acts of my (our) child, including any expense incurred attendant thereto.
- The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by IABC at its office at 8315 Indiana Avenue, Lubbock, Texas 79423.
- I (we) acknowledge and agree that it is my (our) responsibility to notify Indiana Avenue Baptist Church of any changes in medical condition, guardianship, address or telephone, in writing to the address listed at the beginning of this form.

_____
Student Signature Date

_____ _____
Legal Guardian Signature Date

_____ _____
Legal Guardian Signature Date

Notary Public Information – Only needed if student will be leaving Texas, New Mexico or Colorado

Name(s) _____

State of _____ County of _____

Sworn and subscribed before me this ____ day of _____, 200___

Notary Signature _____