**First Baptist Church Loeb Medical Release**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M or F Grade:\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_**

**Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sponsoring Church: First Baptist Church Loeb, Lumberton, Texas**

**To Whom It May Concern:**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**do hereby request that the above named child be permitted to attend the above event with First Baptist Church Loeb. I also agree and consent to allow the staff members, counselors, employees and adult sponsors, under whose auspices the program is conducted, and any other agent of First Baptist Church Loeb in the program to secure any emergency medical care and/or treatment that may be necessary for my child during the weekend. I further release FBC Loeb, any staff member, adult sponsor or organizers of the event from responsibility and liability for any accident or illness occurring during the event. I have read the rules and guidelines for this event and have discussed them with my child. My child and I understand the guidelines and we are prepared to have him/her participate in this event with a spirit of Christian cooperation and goodwill.**

 **I agree that FBC Loeb is not required to adhere to HIPA regulations or guidelines in obtaining or retaining any health information.**

**Parent or Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Covenant:**

**I pledge to uphold the rules and regulations set by the staff of this event and**

**realize that failure to do so may result in my being sent home.**

**Signature of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**More required information is on the back of this sheet.**

**Do you have Hospitalization insurance? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No**

**Name of insurance Company**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of insurance Company**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Numbers to call are:**

**Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete the following as it applies to your child:**

**ALLERGIES:**

**\_\_\_\_\_ Penicillin \_\_\_\_\_ Bee or insect stings \_\_\_\_\_ Others**

**\_\_\_\_\_ Sulfa or \_\_\_\_\_ Poison Ivy/Oak \_\_\_\_\_**

 **other drugs**

**\_\_\_\_\_ Tetanus shots \_\_\_\_\_ Hay Fever \_\_\_\_\_**

**HAS HISTORY OR IS UNDER CARE FOR:**

**\_\_\_\_\_ Heart trouble \_\_\_\_\_ Tonsillitis \_\_\_\_\_ Skin Disease**

**\_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Appendicitis**

**\_\_\_\_\_ Bronchitis \_\_\_\_\_ Diabetes \_\_\_\_\_ Nervous Disorder**

**\_\_\_\_\_ Athlete’s foot \_\_\_\_\_ Hernia \_\_\_\_\_ Stomach Ulcer**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**