


PARTICIPANTS INFORMATION											
NAME:		BIRTHDAY:			SEX: <input type="checkbox"/> M <input type="checkbox"/> F		PHONE:				
ADDRESS:				CITY:		ST:		ZIP:			
FATHER/GUARDIAN'S INFORMATION <small>(Please include address if different than Participant)</small>											
NAME:				EMAIL:							
ADDRESS:				CITY:		ST:		ZIP:			
WORK PHONE:				CELL PHONE:							
MOTHER/GUARDIAN'S INFORMATION <small>(Please include address if different than Participant)</small>											
NAME:				EMAIL:							
ADDRESS:				CITY:		ST:		ZIP:			
WORK PHONE:				CELL PHONE:							
EMERGENCY CONTACT <small>(Person to be contacted in the event parent/guardian cannot be reached)</small>											
NAME:				Relationship:							
ADDRESS:				CITY:		ST:		ZIP:			
WORK PHONE:				CELL PHONE:							
HEALTHCARE INFORMATION <small>(Please attach a copy of insurance card)</small>											
FAMILY PHYSICIAN:				PHONE:							
FAMILY DENTIST:				PHONE:							
HOSPITAL INSURANCE:		<input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE COMPANY:			POLICY #:				
IMMUNIZATION HISTORY <small>(Please indicate date of last immunizations)</small>											
DPT:		MMR:		TETANUS:		POLIO:					
OTHER HEALTH INFORMATION											
HAS PARTICIPANT EVER HAD...?			<input type="checkbox"/> CHICKEN POX			<input type="checkbox"/> MEASLES		<input type="checkbox"/> WHOOPING COUGH		<input type="checkbox"/> OTHER:	
PLEASE LIST ALL OF THE FOLLOWING:											
Food Allergies:		Insect Bite Allergies:		Drug Allergies:		Previous Serious Illnesses:		Current Medications:		Special Diet	
ADDITIONAL INFORMATION:				 <h2>2017 MEDICAL RELEASE</h2>							

Crestview Baptist Church, Midland, Texas, is designated by the abbreviation "CBC" throughout this form.

I authorize CBC to take my child to the above-named physician(s) for medical treatment in the event of an emergency in which neither parent/guardian can be reached.

I authorize any licensed physician, dentist, or medical treatment center to treat my child in case of emergency in which the above-named physician cannot respond. I shall be liable and agree to pay all reasonable and necessary costs and expenses incurred in connection with any necessary and reasonable medical, dental, or hospital services rendered to my child pursuant to their authorization.

I authorize any adult, in whose care my child has been entrusted, to consent to any necessary and reasonable medical treatment including but not limited to x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care under the general or special supervision and on the advice of any licensed physician or dentist on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of the physician or dentist or at the hospital.

I AGREE TO INDEMNIFY AND HOLD HARMLESS CBC and its affiliates, and their officers, directors, agents, legal representatives, employees and volunteers, from any and all claims demands, or suits, arising out of my child's participation at any CBC event, or events of any nature that occur during any CBC-sponsored activity in which my child participates.

I further authorize CBC to furnish any necessary transportation, food and lodging for my child. This medical release and permission form shall remain in full force through 2017 or until written notice of revocation is received by CBC at 301 N. Loop 250 W., Midland, Texas 79703. It is my responsibility to notify CBC, in writing, of any changes in my child's medical condition, guardianship, address or phone number.

INTERNATIONAL TRIPS ONLY: I understand that my insurance company may be the primary insurance carrier responsible for charges incurred. I should consider purchasing one-time insurance coverage for medical, life and emergency evacuation insurance for the duration of this event only.

I give permission for my child to attend and participate in activities sponsored by CBC, which may include supervised water activities and transportation. I authorize CBC to teach and lead my child in religious lessons and services, which may include prayer and Bible teaching.

I understand that I am responsible for my child's conduct during this activity. I understand that I will be assessed reasonable charges for damages to property caused by my child and agree to pay for travel expenses home during any portion of a CBC event should dismissal be necessary. Should it be necessary for my child to return home due to medical reasons, misconduct or otherwise, I agree to pick my student up or pay all transportation costs associated with such travel.

I understand that photos, videos and statements of my child may be taken for use in CBC publications or website. I also understand that after publication, CBC will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my child's photographs and video therefrom and subsequently using, altering or republishing them. I waive any claim for damages against CBC from unconsented use, alteration or republication of my child's photographs and video by third parties accessing the Internet/World Wide Web.

Signature of Parent or Legal Guardian:		Date:	
Printed Name:			



2017 MEDICAL RELEASE