

MEDICAL RELEASE FORM AND INDEMNITY AGREEMENT

Forestburg Baptist Church of Forestburg, Texas

We understand that during the year **2019**, my child _____, hereinafter Minor, will be allowed to take in-town and out-of-town trips with Forestburg Baptist Church of Forestburg, Texas (hereinafter FBC Forestburg). We agree that the youth leader(s) and FBC Forestburg shall not be held responsible for any accident or misfortune, which might occur in connection with these activities. You may also be assured that he/she is being permitted to make these trips with our consent.

We further give full authority to the youth leader(s) to discipline Minor as the youth leader(s) deem necessary. If Minor's behavior is such that it endangers the happiness or safety of the entire group, then the youth leader(s) has our permission to send Minor home after notifying us of his/her intention to do so. We further promise to pay the cost of Minor's return trip home if this action becomes necessary. In consideration of the foregoing, as well as the supervision provided on our behalf and on the behalf of Minor, we hereby hold the youth leader(s) and/or FBC Forestburg harmless for the results of any decisions he/she in his/her discretion shall make.

Minor has assured us that he/she shall conduct himself/herself in such a way that credit will be reflected upon this group he/she represents. Minor understands and has signed "The Promise" described below.

THE PROMISE:

I hereby promise to obey any rules and regulations laid down by the group leader(s). I realize that such rules are necessary for the safety and happiness of the entire group. I will cooperate with the youth leader(s) and other members of the group. I know the serious breaking of these rules may mean my return home.

(Signature of Minor)

As is authorized in Section 32.001 of the Family Code of the State of Texas entitled "Consent by Non-Parent", in the event on an accident or illness concerning Minor, FBC Forestburg acting by and through its adult representatives will use its best effort to contact the parent(s) or legal guardian of Minor as soon as is reasonably possible. In the event the parents(s) or legal guardian is not available, a minister of FBC Forestburg, a staff member of FBC Forestburg or other adult volunteer sponsor of FBC Forestburg, as adults who have the actual care, control, and possession of Minor are authorized by this written document to secure and consent to such medical, dental, psychological, and/or surgical treatment for Minor as they in their sole discretion shall deem necessary for the treatment of the accident or illness.

I, the undersigned parent or legal guardian, assume full responsibility for all medical bills, doctor bills, and/or hospital bills or otherwise incurred by Minor. Further I agree to indemnify and reimburse FBC Forestburg, and/or any other agents, employees, sponsors, volunteers, or otherwise of FBC Forestburg who shall incur such expenses in the treatment of the accident or illness of Minor the full amount which shall be expended.

I certify that the information I have given is correct, and that both parents/legal guardians (if possible) have read and understand this agreement.

PARENT SIGNATURE _____ DATE _____

PLEASE TURN OVER AND FILL OUT MEDICAL INFORMATION

MEDICAL DATA FOR MINOR

NAME OF MINOR		DOB	AGE	SEX
ADDRESS		CITY	ST	ZIP
PHONE	SS#	DL#	GRADE	
NAME OF FATHER/LEGAL GUARDIAN				
ADDRESS OF FATHER				
TELEPHONE OF FATHER				
FATHER'S EMPLOYER			WORK PHONE	
WORK ADDRESS				
NAME OF MOTHER/LEGAL GUARDIAN				
ADDRESS OF MOTHER				
TELEPHONE OF MOTHER				
MOTHER'S EMPLOYER			WORK PHONE	
WORK ADDRESS				
INSURANCE COMPANY			CLAIMS PHONE #	
TYPE OF COVERAGE			POLICY #	
PLAN			ID #	
GROUP			GROUP #	
MINOR'S DOCTOR			TELEPHONE	
OFFICE ADDRESS			CITY	
NAME OF CONTACT OTHER THAN PARENT/GURADIAN				
ADDRESS			CITY	
TELEPHONE			RELATION	
KNOWN ALLERGIES (including food & drugs)				
EXISTING MEDICAL CONDITIONS				
DATE OF LAST TETANUS SHOT			OTHER INFO	
PRESCRIPTIONS OR MEDICATION (taken on an on-going basis)				

A duplicate copy of this agreement shall be as effective as the original.

I certify that the information I have given on this form is correct.

SIGNED (parent or Guardian) _____ Date _____

In behalf of FBC Forestburg
 MINISTER'S SIGNATURE _____ Date _____