

**MEDICAL CONSENT AND RELEASE FORM**

**University Baptist Church, 2130 Guadalupe Street, Austin, Texas | 512-478-8559**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Add'l emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Add'l emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HEALTH HISTORY: allergies and other conditions

\_\_\_\_ Insect Allergies

\_\_\_\_ Drug Allergies

\_\_\_\_ Asthma

\_\_\_\_ Food Allergies

\_\_\_\_ Heart

\_\_\_\_ Hay Fever

\_\_\_\_ Physical Handicap

\_\_\_\_ Epilepsy

\_\_\_\_ Other conditions

\_\_\_\_ Frequent stomach

\_\_\_\_ Diabetes

upsets

\_\_\_\_ Other Allergies

If you checked any of the above, please give details (ie, include normal treatment of allergic reactions):

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Medications Currently taking (name and dosage/frequency)

\_\_\_\_\_  
\_\_\_\_\_

Swimming Restrictions (yes/no) \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

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

Address \_\_\_\_\_

PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD

Consent to Medical Treatment: In the event that my child becomes ill or sustains injury while on an authorized and chaperoned activity by University Baptist Church, whether on or off campus, I the undersigned, give my permission and consent to the adult chaperones to administer first aid and/or CPR and to select a physician and/or hospital for my child's care, releasing them from liability for their actions taken hereunder. Also, I hereby authorize the physician, hospital, and/or emergency care, as selected by the adult chaperone, to provide medical treatment for my child deemed medically necessary, including but not limited to hospitalization, injections, medications, anesthesia, and surgery. I understand that this consent and release will apply to all emergency situations present and future. This consent/release form shall remain in effect until written revocation is given to the church.

RELEASE OF LIABILITY & ANDEMNITY: I agree to accept and to assume full responsibility for all risks and hazards inherent in and associated with participation in church related activities by my child. I hereby agree to indemnify, hold harmless and defend the church and each of its employees and adult chaperones against any liability, cost, loss, claims, and actions, including negligence, based upon or sustained in connection with participation in church related activities. The undersigned understand that they are signing this medical consent and release agreement in behalf of \_\_\_\_\_.

(name of child/participant)

Parent or Legal Guardian's Signature: \_\_\_\_\_

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