

FBCAllen, 201 E. McDermott, Allen, TX 75002, 972-727-8241 Medical
Release/Participation Permission

_____, _____ during 20____ / ____ school year.
(minor's name printed) _____, _____
Age Grade

Male Female Birthdate
Day Month Year

Address _____

Preferred Phone Number _____ Additional Phone Number _____

Medical Insurance Company _____ Policy Number _____

Current Medications & Allergies _____

I _____ do
(parent/guardian's name printed)

consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment and on the advice of any physician or dentist licensed under the provisions of the medical practice act or the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital, that maybe deemed necessary for the aforementioned minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the FBCAllen activity leader to make the decisions necessary for treatment. Should no activity leader be available, I give permission to the attending physician to treat this child. I further understand that the doctors, dentists, and other providers attending to this child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of FBCAllen or other organization sponsoring this event will be used as the secondary coverage. It is my responsibility to notify the church of any changes in insurance, medical condition, guardianship, address or phone in writing to the address listed above.

Date _____ Signature of Parent/Guardian _____

(minor's name printed)
_____ has my permission to participate (in the event). He/she has been instructed to obey and respect sponsors, respect the property of others, and to behave in a Christ-like manner for the duration of the event. All damaged property, etc., will be my responsibility and expense.

Date _____ Signature of Parent/Guardian _____