



3418 Airline Road Corpus Christi, Texas 78414
361 991-2910

Medical Information, Transportation & Publicity Release January 2012 - December 2012

Name	Home Phone Number	Cell Phone Number (if applicable)
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Home Address	City	State	Zip
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E-mail address	Grade	School
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Social Security Number	Date of Birth
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Date of last Health Exam	Tetanus Shot	T.B. Test
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Youth's Doctor /Clinic	Phone Number
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Father's Name	Work Phone Number
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Mother's Name	Work Phone Number
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HEALTH STORY: (Check those that apply)

DISEASES: Chicken Pox Measles German Measles T.B.
ALLERGIES: Animals Food Insect stings
 Medicine/drugs Plants Pollen Other

If any checked please explain:

SHOT RECORD: Hepatitis A Hepatitis B Tetanus Shot
CHRONIC OR RECURRING ILLNESS: Ear infections Contact lens wearer
 Heart defect/disease Seizures Bleeding disorder Asthma
 Diabetes Other (specify) _____

IN THE LAST YEAR: (ANSWER YES OR NO)

Complicating medical problems/operations? Serious injury/illness requiring medical care?
 Please explain: _____

SPECIFIC INSTRUCTIONS CONCERNING MY CHILD'S Care:

HOSPITAL INSURANCE INFORMATION: * Please attach photo copy of insurance card.

Name of Carrier	Policy Number	Group Number
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Insured's name	SS#
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Company name if insured through employer:

Family member(s) who may be contacted in case of emergency to authorize treatments:

Name	Day Phone #	Evening Phone #	Relationship
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Name	Day Phone #	Evening Phone #	Relationship
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TRANSPORTATION

I understand that BPBC leaders must obtain the written consent of parent/guardian for every student wishing to participate in an activity or outing that is held at a different place and time from the regularly scheduled group meeting. I give permission for my child(ren) to participate in the transportation arrangements made by Brighton Park Baptist Church; including use of church vans or other vehicles. It is my expressed intention to hold Brighton Park Baptist Church and its Staff/Volunteer leaders, harmless for any and all injuries, death or damages from the results of any such transportation.

Initials _____

Activities

I give permission for _____ to attend activities at Brighton Park Baptist Church and to go on trips away from the church site. I give my permission for Brighton Park Baptist Church authorized sponsors to chaperone overnight events, which may include 1 sponsor in a room, unsupervised, with my son/daughter and another student of the same sex.

Initials _____

PUBLICITY RELEASE

My signature on this day allows the Brighton Park Baptist Church to use photographs, voice, and/or videotapes of my student for Public Relations. The information disclosed on this form may be released to the Volunteer/Staff responsible for this activity, including, but not limited to group leaders, drivers, medical personnel, etc.

Initials _____

Commitment Contract

1. All students must obey all Brighton Park Baptist Church leadership without question or hesitation.
2. Students are to be on time to all activities.
3. Students are not allowed to bring the following items: alcoholic beverages, tobacco products, illegal drugs, fireworks or knives.
4. No portable games, CD players, MP3 players or cassette players unless permission is given.
5. No magic cards, Tarot cards.
6. No inappropriate t-shirts or revealing clothing.
7. One-piece bathing suits or dark cover ups over suits only are allowed.
8. No complaining or foul language may be used.
9. All students must fill out forms and turn in money on time. If student cannot pay the full amount, a promissory agreement must be signed before my child/I go on a trip.
10. Students must participate in all activities unless waived by Brighton Park Baptist Church Staff.

Parent Agreement

I (we), the parent(s), legal guardian(s), or custodian(s) of the child/children named above, knowingly release, absolve, INDEMNIFY, AND HOLD HARMLESS the Brighton Park Baptist Church, as well as its' employees, officers, directors, agents, representatives, affiliates, successors, and assigns from any and all causes of action of any kind whatsoever, whether in statute, contract, or tort (INCLUDING CLAIMS OF NEGLIGENCE), which in any way relate to or arise from the child's activities at or sponsored by Brighton Park Baptist Church.

In the event the child/children named above is/are injured while in the care of Brighton Park Baptist Church and require(s) the attention of a doctor, I (we) consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital employee refuse to administer without our consent, I (we) hereby authorize the representatives of Brighton Park Baptist Church to give consent for us if we cannot be reached by telephone at one of the numbers listed above, or if because of an emergency, there is not time or opportunity to make a telephone call. In the event that it becomes necessary for one of these persons to give consent for us, we agree to hold such person, as well as Brighton Park Baptist Church, free and harmless and agree to INDEMNIFY such person, as well as Brighton Park Baptist Church, from any claims, demands, or suits for damages (INCLUDING CLAIMS OF NEGLIGENCE) arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

Parent Signature Date

Student Agreement

I have read and understand these rules and agree to obey them during my Brighton Park Baptist Church youth experience.

Student Signature Date

My signature confirms that the above information is correct to the best of my knowledge and that I am authorized to execute the information form and release.

The State of Texas County of _____

BEFORE ME, A NOTARY PUBLIC, ON THIS DAY PERSONALLY APPEARED

_____, TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMNET AND ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATION THEREIN EXPRESSED.

Given under my hand and seal of office this _____ day of _____, _____.

Notary Public, State of Texas

My commission expires the _____ day of _____, _____.

THIS FORM EXPIRES DECEMBER 31, 2012.