



MEDICAL AND LIABILITY RELEASE

THIS FORM COVERS ALL 2009 TRIPS WITH HOUSTON RIVER BAPTIST CHURCH

(Fill out completely. Print legibly please.)

Name _____ Age _____ Birthday _____

Student Email _____ Student Cell Phone _____

Address _____ City _____ Zip _____

Parent/Guardian Name(s) _____ Home Phone _____

Father's Work Phone _____ Father's Cell Phone _____

Father's Email _____

Mother's Work Phone _____ Mother's Cell Phone _____

Mother's Email _____

Insurance Co. _____ Policy # _____

Name of Primary Insurance Holder _____

Family Physician _____ Phone _____

Date of Tetanus Shot _____ Allergy to Tetanus booster? _____

List any medications you are allergic to _____

Name of Emergency contact person (in case we can't reach parents):

Name: _____ Telephone # _____

Other: _____

FAMILY AUTHORIZATION: In consideration for your agreeing to accept the above-named individual on the trip, I/We hereby assume all risk in connection with participation on the Student Ministry Trip. I/We further release and hold harmless Houston River Baptist Church, it's employees and representatives for any injury, harm, damage arising out of my child's participation in any form or fashion on the trip.

I/We authorize medical and surgical treatment of my child as may be needed in the judgment of the treating physician if we cannot be contacted.

Parent's Signature _____ Date _____

STUDENT UNDERSTANDING: I will agree to and follow all trip rules as set forth by the Student Minister and/or other Adults in leadership on this trip. I will also treat other students on the trip with respect. I also realize I am a representative of Houston River Baptist Church and more importantly of Jesus Christ, thus I will represent and honor them in all circumstances.

Student's Signature _____ Date _____