

Item C

Master's Church Builders Medical Release Form for Minors Parent/Guardian Consent

(Please PRINT)

Name of Participant _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Name of Parent/Guardian _____

As the parent, I will be participating along with the above student. Signature _____

PERMISSION

I, _____ (Parent/guardian) hereby give permission for
_____ (Hereinafter referred to as *the student* to travel with
Master's Church Builders; a ministry of Bienville & Webster-Claiborne Baptist Associations (hereinafter
referred to as *MCB*) to Anadarko, Ok during May 29 – June 5.

- I do hereby verify that the below information is correct and I do hereby grant permission for MCB to obtain medical attention in case of sickness or injury to the student.
- I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by t church for the welfare of the student until such time as you are able to reach me personally.
- I also hereby release, absolve, indemnify, hold harmless, and forever discharge MCB, the organizers, sponsors, and supervisors from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage while participating on this project..
- I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to the student, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting the student to and from the activities.
- I agree to provide medical insurance for my student(s) who are participants on this trip.

Signature of Parent/Guardian _____ Date _____

MEDICAL AND INSURANCE INFORMATION

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Check if applicable and give appropriate explanations below:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> dizziness | <input type="checkbox"/> Other (Explain below) |

Immunizations:

- Tetanus: Date Received _____ Typhoid: Date Received _____

List any prescription drugs the student will be taking while on trip; include frequency and dosage for each.

Comments:

EMERGENCY NOTIFICATION

Parent/Guardian _____ Phone _____

Address _____ City _____ State _____

Relationship _____

NOTARY

Dated this _____ Day of _____, 2010. State of _____

On this _____ Day of _____, 2010, _____

(Parent/Guardian) personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, 2010 _____.

Signature Notary Public _____