

2009-2010 Medical Form

Village Parkway Baptist Church

Name: _____ DOB: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian: _____

Phone (H): _____ (W): _____ (C): _____

Emergency Contact: _____ Phone: _____

Medical Insurance Co. _____

Medical Insurance Policy Number: _____

List any medicines taken regularly: _____

List any physical defects or conditions such as headaches, allergies, nervousness, etc.: _____

If at any time during any activity medical attention should be needed, list any special instructions which might be required such as allergic to penicillin, rare blood type, etc.: _____

Medical and Surgical Waiver

I. To be filled out by the parents or legal guardians of young people under 18 years of age.

I, _____, the parent/legal guardian of _____, a minor, hereby acknowledge that said minor has my express permission to participate in the activities of the Student Ministry of Village Parkway Baptist Church of San Antonio, Texas from **September 1, 2009 to September 1, 2010**.

In the event an emergency arises necessitating medical or surgical attention, I hereby consent and give permission to Village Parkway Baptist Church of San Antonio, its representatives, the activity sponsors, or any attending physician to make such decisions and to perform such medical examinations and/or treatments and/or surgery upon and/or hospital care for said minor which may in their sole discretion be necessary and proper under the circumstances. Further, as the parent/legal guardian of the above named minor, I do hereby expressly consent that said minor may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital, or other medical center for rendering such services.

I, the undersigned parent and/or legal guardian of _____, a minor, do release, acquit, discharge, and covenant to hold harmless Village Parkway Baptist Church of San Antonio, its representatives, the activity sponsors, or their heirs and assigns from any and all actions, causes of actions, damages, liabilities arising out of the treatment of any sickness or accident incurred while participating in activities of Village Parkway Baptist Church of San Antonio, Texas.

Parent and/or Legal Guardian: _____ (signature)

Date: _____ Phone: _____

II. To be filled out by those over 18 years of age.

I am over 18 years of age and I have listed any physical or medical problems that may need attention. I have read the above Medical and Surgical Waiver for minors and agreed to the same terms. I hereby release Village Parkway Baptist Church, its representatives, the activity sponsors, or their heirs and assigns from any and all actions, causes of actions, damages, liabilities arising out of the treatment of any sickness or accident incurred by myself while participating in activities of Village Parkway Baptist Church of San Antonio, Texas.

Participant: _____ (signature)

Date: _____ Phone: _____

III. Photo Release

Village Parkway Student Ministry agrees that the student's first name, last name, verbal statements, and portraits (video or still) shall only be used for church publications, promotions, and instruction. Parent / Guardian understands and agrees that photos, videos, or student statements may be used in subsequent years.

Signature of Parent/Guardian/Student 18 & Older: _____ (signature)

Date: _____