



**FBCER**  
— student ministry —

## Spring Break Mission Trip-Medical Release/Consent Form

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(Last Name)

(First Name)

(Middle Name)

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(Address)

(City)

(State)

(Zip)

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(Emergency Contact)

(Relation to participant)

(Contact Phone Number)

Do you/your child have any known allergies? \_\_\_\_\_ If yes, which ones? \_\_\_\_\_

Are you/your child currently taking medication(s)? \_\_\_\_\_ If yes, which ones \_\_\_\_\_

What is the date of your/your child's last tetanus shot? \_\_\_\_\_

Are you/your child currently covered by medical insurance? \_\_\_\_\_ If yes, fill out the lines below.

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(Insurance Provider)

(Policy #)

(Insurance Phone Number)

In case of an emergency, I hereby give permission to the physician selected by a First Baptist Church representative to hospitalize and secure proper treatment for and order injection, anesthesia, or surgery for myself/my child as named above. I also hereby give permission for my child to participate in all activities, travel, service projects, and other activities.

I, therefore, agree to assume as an explicit condition of my/my child's participation, any and all risks, including, but not limited to these enumerated above. I agree to hold harmless the above the First Baptist Church of El Reno or Mission Arlington from any and all liabilities, claims, demands, and causes of action whatsoever which may arise due to the participation of myself or my child. I realize, also, that in the event of illness or injury while participating in its activities, medical treatment may be required. I hereby give permission for any such treatment to be rendered, and I agree to bear the cost of such treatment.

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(Authorizing Signature)

(Date)