

2012 Medical Waiver

Crossroads Baptist Church, 11763 FM 31, Marshall TX, 75672

INSTRUCTIONS:

The 2012 Medical and Surgical Waiver will apply to all youth events, trips and projects from January 1, 2012 through December 31, 2012. In the event that a student needs medical attention, this waiver will provide an adequate and current record of the student's medical information, and parental permission for Crossroads Baptist Church of Marshall, TX well as the hospital.

Please be thorough with each answer. It is the responsibility of the parent or guardian to keep this information current. After completing the form, have it notarized in the space provided, as this is a requirement of many hospitals.

PERSONAL INFORMATION:

Participant's Name: _____ Birthdate: _____
Parents'/Legal Guardian's Name(s): _____
Address: _____ City: _____ Zip: _____
Phone: Home: _____ Business: _____ Cell: _____

MEDICAL INFORMATION:

Family Physician: _____ Phone Number: _____
List below (or write "none") any physical defects or conditions that the participant has such as: allergies, asthma, nervousness, headaches, dysmenorrhea, etc.

Should the participant at any time require medical attention, list any special information (or write "none") which the physician might require (i.e. allergic to penicillin, rare blood type, etc.)

Are student's immunizations current? Yes ___ No ___

Date of last Tetanus: _____

MEDICAL INSURANCE:

Company Name: _____

Policy Number: _____ Phone Number: _____

____ Check here if participant has NO Medical Insurance

WAIVER:

1) TO BE FILLED OUT BY PARENTS OR LEGAL GUARDIANS OF STUDENTS UNDER 18 YEARS OF AGE

I, the parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give said minor permission to participate in any and all activities at and with Crossroads Baptist Church, Marshall, Texas, for which he/she, with my approval, registers to participate. I further expressly grant permission for said minor to participate in all activities while an active participant on trips and church events. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the Crossroads Baptist Church of Marshall, Texas staff, its representatives, the sponsors, or any attending physicians to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian of said minor, do hereby release, acquit, discharge and covenant to indemnify and hold harmless Crossroads Baptist Church of Marshall, Texas, its staff and/or representatives, the sponsors, and/or any attending physician from any and all claims, damages, actions, and causes of action of any nature, including but not limited to negligence, damages, and liabilities, arising out of the treatment of any sickness and/or accident and any related risks and dangers thereto, from financial responsibility for all medical treatment of any sickness and/or accident, and from financial responsibility for all medical treatment provided during the attendance of any youth events. I also assume responsibility for providing and paying for return transportation of said minor from the event location should it be necessary for disciplinary reasons.

Parents'/Legal Guardian's Signatures: _____ Date: _____
_____ Date: _____

2) TO BE FILLED OUT BY PARTICIPANTS WHO ARE CURRENTLY 18 YEARS OF AGE OR OLDER, AND ALL SPONSORS.

I am 18 years of age or older and have read the above Medical and Surgical Waiver for minors and agree to the same terms. I hereby release, acquit, discharge and covenant to indemnify and hold harmless Crossroads Baptist Church and/or its staff, representatives and/or sponsors, or any attending physician, from any and all actions and causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of any youth events. I also assume responsibility for providing and paying for return transportation from the event location should it be necessary for disciplinary reasons.

Adult Participant's Signature: _____ Date: _____