



MEDICAL INFORMATION & TREATMENT CONSENT

Name of event or trip attending: _____

Child's name: _____ Age: ____ Birth date: __/__/__

Parent's name: _____

Address: _____ City: _____ State: TX Zip: _____

Home phone: (____) ____ - _____ Parent's work: (____) ____ - _____

Family physician: _____ Phone: (____) ____ - _____

Family physician: _____ Phone: (____) ____ - _____

Family physician: _____ Phone: (____) ____ - _____

Family physician: _____ Phone: (____) ____ - _____

Family physician: _____ Phone: (____) ____ - _____

Identify ALL allergies: _____

Identify ALL medications currently taking: _____

Has your child ever had any of the following: (If yes, please explain)

Epilepsy ____ YES ____ NO Explain: _____

Diabetes ____ YES ____ NO Explain: _____

Asthma ____ YES ____ NO Explain: _____

Heart condition ____ YES ____ NO Explain: _____

Thyroid condition ____ YES ____ NO Explain: _____

Any other condition, explain: _____

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PERSON TO CONTACT IN CASE OF EMERGENCY

In the event of an emergency where medical treatment is required, I give my permission to the staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me (or alternate if I am unavailable) immediately concerning any such emergency.

Signature of parent of legal guardian

Name of parent/guardian to be contacted in case of emergency:

Parent's name: _____

Address: _____ City: _____ State: TX Zip: _____

Home phone: (____) ____ - _____ Parent's work: (____) ____ - _____

Name of person to contact if parent/guardian cannot be reached.

Name: _____

Address: _____ City: _____ State: TX Zip: _____

Home phone: (____) ____ - _____ Parent's work: (____) ____ - _____



10611 Fondren at Willowbend

Houston, TX 77096

(713) 777-1651

RELEASE OF LIABILITY

In signing this form, I _____

agree not to hold

Name of parent or legal guardian

Braeswood Assembly of God Church, Inc., its officers, employees, or other agents liable for any loss, damage, additional expenses, accident, injury or death resulting from accidents, crime, sickness, weather, natural disaster or any other cause whatsoever that my child, _____ might encounter

Name of child

while participating in church activities.

I realize and acknowledge that my child's participation in any church activity include risks and possible dangers. I am well aware that their travel exposes them to such risks as accidents, illness, and other calamities.

I hereby assume any such risks that might result from my child's travel and I unconditionally agree to hold Braeswood Assembly of God Church, Inc., its officers, employees, or other agents blameless for any liability concerning my child's personal health and well-being, or any liability for his/her personal property that might be lost, damages, or stoles while participating in church activities.

I have carefully read the foregoing and I understand that my signature herein hold Braeswood Assembly of God Church, Inc., its officers, employees, or other agents harmless by any liability for injury, damage, loss, accident, delay or irregularity in schedule.

Signed: _____

Printed name: _____

Dated this _____ day of _____ 20_____