

This form must be notarized

**2016 Medical and Surgical Waiver
Valley Ranch Baptist Church**

1501 E. Beltline Road, Coppell, Texas 75019, 972-304-8722

Instruction:

The 2016 Medical and Surgical Waiver will apply to all children and youth, trips and projects from January 1, 2016 through December 31, 2016. Its intent is to give Valley Ranch Baptist Church an adequate, current and useable record of each student's medical information, and to provide hospitals information they may need to have, including permission, in the event that any student needs medical attention. Please be accurate and complete with each answer. It is the responsibility of the parent or guardian to keep this information current, i.e., to update the information in the event of any change or additional information, which may need to be added. Please have your signature(s) notarized. Many hospitals require notarization.

Personal Information:

Participant's Name _____ Gender _____ Birthdate _____ Grade _____

Parent's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

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. Please be complete, even if you do not currently consider any such condition significant.

Should the participant require medical attention at any time, list any special instructions (or write "none") which the participant might require such as being allergic to penicillin, having a rare blood type, etc. Again, please be complete, even if you do not consider any such allergies or conditions significant. (Our goal is to be complete so that, in the event care or treatment is needed, all known information will be available.

Current Immunization (give date, or write "none" or "current"): Tetanus _____ Polio _____

Medical Insurance:

Company Name _____

Group Number _____ ID Number _____

Phone Number (_____) _____ Address _____

Check here if participant has NO Medical Insurance []

Waiver:

1) To be filled out by parents or legal guardians of participant 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 my child, the said minor, permission to participate in any and all activities at and with Valley Ranch Baptist Church of Coppell, Texas, in which he/she, with approval, registers to participate.

I further expressly grant my permission for my child to participate in all activities while an active participant on trips and church events. In the event that an emergency arises, necessitating medical or surgical attention, I hereby consent and give my permission to Valley Ranch Baptist Church staff, its representatives, and/or the sponsors and 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 release, acquit, discharge and covenant to indemnify and hold harmless Valley Ranch Baptist Church or its representatives, and sponsors, and any attending physician, from any and all actions and causes of actions, related risks and damages, including

injuries and damages arising from their individual, joint, or concurrent negligence, injuries damages, and liabilities arising out of the negligent treatment of any sickness or accident, and any and all financial responsibility for all medical treatment of any sickness or accident, and any and all financial responsibility for all medical treatment provided during the attendance of any trips. I also assume responsibility for providing transportation from the event location should it be necessary for disciplinary reasons.

Parent or Legal Guardian Signature Date _____

On this day _____ personally appeared, who is personally known to me or produced identification to me and acknowledge to me that he/she is the parent/legal guardian of _____ and that he/she executed this Medical and Surgical Waiver for the purposes of allowing the named student to participate in church activities and to allow Valley Ranch Baptist Church, its staff, and sponsors to make decisions to obtain medical care should it become necessary and proper, in their sole discretion, during such activities.

Given under my hand and seal of office on this the _____ day
of _____ 2016.

Notary Public in and for the State of Texas
My Commission Expires _____

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 Valley Ranch Baptist Church or its representatives, and the sponsors, and any attending physician, from any and all actions and causes of actions, related risks and dangers, including injuries and damages arising from their individual, joint, or concurrent negligence, injuries, damages, and liabilities arising out of the negligent treatment of any sickness or accident, and any and all financial responsibility for all medical treatment of any sickness or accident, and any and all financial responsibility for all medical treatment provided during the attendance of any trips.

I also assume responsibility for providing any transportation from the event locations should it be necessary for disciplinary reasons.

Signature of Student/Sponsor over 18 years of age Date _____

On this day personally appeared _____, who is personally known to me or produced identification to me and acknowledge to me that he/she executed this Medical and Surgical Waiver for the purposes participating in church activities and allowing Valley Ranch Baptist Church, its staff, and sponsors to make decisions to obtain medical care should it become necessary and proper, in their sole discretion, during such activities.
Given under my hand and seal of office on this the _____ day of
_____ 2016.

Notary Public in and for the State of Texas
My Commission Expires _____