5925 U.S. HWY 287
Arlington, TX 76017
(817) 478-8284

TRANSPORTATION AND MEDICAL RELEASE FORM

________________________________ has my permission to attend and to participate in activities sponsored by South Oaks Baptist Church and to be transported to and from activities on vehicles owned by South Oaks Baptist Church and/or operated by drivers approved by South Oaks Baptist Church, between the days of **January 1, 2017** through **January 1, 2018**. I understand that reasonable measures will be taken to safeguard the health and safety of my minor. In case of emergency or illness, every effort will be made to notify me. In case there is a need for treatment, I hereby give my parental consent. I will not hold the church or chaperones personally or financially responsible for any accident or illness that may occur before, during, or after an activity or while being transported to or from an activity.

I hereby grant to South Oaks Baptist Church and to its employees/ agents and assign the right to photograph or video my dependent, and use the photograph/video and/or other digital reproduction of him/ her or other reproduction of his/her likeness for publication processes related to South Oaks Baptist Church whether electronic, print, digital or electronic publishing via the Internet or Social Media.

Signature ____

Address ____

Cell Phone # __________________________

Day Time Phone # __________________________

Evening Phone # _________________________

Date ____________________________

Authorization for medical treatment (on back)

5925 U.S. HWY 287
Arlington, TX 76017
(817) 478-8284

AUTHORIZATION for Medical Treatment of Minors

NAME OF MINOR BIRTHDATE ALLERGIES, SPECIAL CONDITIONS, OR MEDICTIONS

_________________ ____________ ____

I/We being the parent(s) or legal guardian(s) of the above named minor, do hereby appoint:

NAME ________________ ADDRESS _______________________ PHONE _______________

NAME ________________ ADDRESS _______________________ PHONE _______________

To act on my/our behalf in authorizing unexpected medical, dental, surgical care, and hospitalization for the above named minor while participating in activities sponsored by South Oaks Baptist Church from **JANUARY 1, 2017 to JANUARY 1, 2018.**
This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care, or hospitalization may be required.
(You may attach a copy of your insurance card, both front and back, for insurance information)

HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR: I.D. OR CONTRACT #______________

INSURANCE COMPANY OR GOVERNMENT PROGRAM ___________________________________

ADDRESS FOR INSURANCE COMPANY ____

PARENT EMPLOYEE NAME: ____

WORK PHONE # _______________ EMPLOYMENT CITY ________________ ZIP CODE _________

GROUP # ________________________________

DATE OF LAST TETANUS SHOT ______________________ ARE YOU DIABETIC? YES/NO

STUDENT'S SS # _________________________

FAMILY PHYSICIANS/ PEDIATRICIAN:

NAME ______________________________________ PHONE ____________________________

PARENT/ GUARDIAN SIGNATURE ____

DATE __________________________

STUDENT SIGNATURE ____

DATE __________________________