The Student Ministry
Mimosa Lane Baptist Church 1233 N. Beltline Rd. Mesquite, TX 75149 (972)288-7426
2009 MEDICAL PERMISSION and RELEASE FORM

Student's Name _____ Age_____

Birthdate_____Phone #_____

Address_____

City_____State _____Zip_____

School Attending_____

Father's Name _____Work Phone_____

Mother's Name _____Work Phone_____

In an Emergency, notify_____Phone _____

Other Guardian_____Phone_____

Family Physician_____Phone_____

Family Dentist_____Phone_____

Hospital Insurance Yes No Policy Number _____
Name of Insurance Company_____
Please attach a copy of the Insurance Card.

List Date of last immunization: DPT _____ MMR_____ Tetanus Only _____
Polio_____

Check if Student has had: Chicken Pox Measles Mumps
Whooping Cough Other

Allergies: Food _____

Insects/Bites_____

Medications_____

Previous Serious Illness

Date_____

Current Medication_____

Special Diet_____

The Student Ministry at Mimosa Lane Baptist Church is designated by Mimosa Lane Baptist Church by the abbreviation of "MLBC" throughout this entire form.

I (we) hereby authorize MLBC to take my (our) student to the before named physician or facility for medial treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give permission for my (our) student to attend and participate in activities sponsored by MLBC and Mimosa Lane Student's Ministry.

I (we) hereby authorize MLBC to transport my (our) student to or from church and or any church related and sponsored activities and events.

I (we) hereby authorize MLBC to include (our) student in supervised water activities.

I (we) hereby authorize MLBC and its acting leaders to teach and lead my (our) student in religious lessons and services which may include prayer and Bible teaching.

I(we) hereby authorize any adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

I (we) hereby authorize any licensed physician or medical treatment center to treat my (our) student in case of an emergency in which the before named physician cannot respond.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medial and dental services rendered to the aforementioned student pursuant to their authorization.

Should it be necessary for my (our) student to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we) hereby release, forever discharge and agree to hold harmless MLBC and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and student-participant that occur while said student is participating in any trip or activity with MLBC.

Furthermore, I(we) [and on behalf of my(our) student-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force throughout 2009 and in effect until written notice of revocation or withdrawal is received by MLBC at its office on 1233 N. Beltline Rd., Mesquite, Texas. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

_____/_____ _____/_____

Father Date Mother Date

_____/_____ _____/_____

Legal Guardian Date Student Date