

**MEDICAL RELEASE / PERMISSION CARD**  
**IMMANUEL BAPTIST CHURCH – STUDENT MINISTRY**  
**4020 EAST UNIVERSITY BLVD. ODESSA, TEXAS 79762**  
**PHONE 432.550.5282 – FAX 432.363.9382**

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Dad Work/Cell Phone \_\_\_\_\_ Mom Work /CellPhone \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

List known food/drug allergies & medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

List medications taken regularly \_\_\_\_\_

\_\_\_\_\_

Any other special instructions regarding my teenager \_\_\_\_\_

\_\_\_\_\_

**SWIMMING:** My teenager is a (check one) non-swimmer \_\_\_\_\_ fair swimmer \_\_\_\_\_ good swimmer \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION:**

I hereby give my permission for \_\_\_\_\_ to take part in various sponsored trips, outings, and camps of Immanuel Baptist Church – Odessa, Texas. I also give my permission for my teenager to be transported in vehicles used in conjunction with these events. I further give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for the above named son/daughter. I release the church representatives/sponsors from liability for accident or injuries on these trips or activities.

I further understand and agree that, in the event that the above named son/daughter be involved in any non-Christian or dangerous activities, I will pay his/her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.

I have supplied, understood, and agree to all the information contained on this Medical Release/Permission Card.

I understand Immanuel Baptist Church may take photos and/or videos of my child to use for publicity, informational purposes, and public viewing on printed materials or the internet.

**PARENT/GUARDIAN** \_\_\_\_\_

**THIS MEDICAL RELEASE/PERMISSION CARD IS**  
**VALID UNTIL JANUARY 1, 2014.**