

PERMISSION FOR TREATMENT 2017

My permission is granted for Conroe Bible Church staff member, sponsor or teacher in charge of any youth activity to obtain necessary medical attention in case of sickness or injury for my youth, _____ while participating with the youth of Conroe Bible Church.

In consideration for the youth named in the Permission for Treatment form to participate in certain activities of Conroe Bible Church, the undersigned does hereby release and forever discharge all staff members, workers, and Conroe Bible Church from any and all acts of negligence of any such persons, claims, demands, actions, or causes of action, past, present, or future, arising out of any damage or injury while participating in the event described above or for any event sponsored by such church occurring after the date of the signing of this form.

Youth Name: _____

Parent / Guardian Signature: _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public in and for the
State of Texas, County of Montgomery

Conroe Bible Church

4491 I-45 N • Conroe, Texas 77304 • phone 936•890•3535 • fax 936•890•5585

PERSONAL INFORMATION

Name _____ Male Female
Address _____ School Grade _____
City _____ State _____ Zip _____ Birth Date: _____
Family Phone _____ Personal Phone _____ Age _____
School _____ Church _____
Family E-mail address _____ Personal email _____

Parent/Guardian 1

Name _____
Relation _____
Address (if different than above)

Work/Cell Phone _____

Parent/Guardian 2

Name _____
Relation _____
Address (if different than above)

Work/Cell Phone _____

MEDICAL INFORMATION

Check any of the following required immunizations you *have not* had:

Polio DPT Measles Mumps Rubella

Do you have any allergies? Yes No

If yes, describe _____

Family Doctor _____ Phone _____

MEDICAL INSURANCE INFORMATION

Do you have personal insurance? Yes No If so, please complete the following:

Name of Insurance Company _____
Claims Address _____ Phone _____
City _____ State _____ Zip _____
Policy # _____ Group # _____
Name of Responsible Party _____

Please complete the "Permission for Treatment" form on the reverse side.

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