



2013 ANNUAL PERMISSION & MEDICAL RELEASE

Journey Student Ministry ♦ Indian Hills Baptist Church

814 Tamara Ln., Grand Prairie, TX 75051



Student's Name: _____ Phone: _____ Cell Phone: _____ Grade: _____

Date of Birth _____ / _____ / _____ E-Mail address: _____
Month Day Year

Address: _____
Number & Street Apartment # City Zip

Other Person to Contact in Case of Emergency _____
Name Phone

PERSONAL HEALTH INSURANCE COMPANY _____ POLICY # _____

This is to certify that my above named son/daughter has my permission to participate in activities with the Student Ministries of Indian Hills Baptist Church of Grand Prairie, Texas from the date of my signature below through **January 1, 2014**.

Understanding that all due care for the health and safety of all participants will be exercised, I will hold neither the church nor any of its adult supervisors responsible for any accident or illness that may occur. I hereby authorize as agent(s), the adult supervisors of Indian Hills Baptist Church of Grand Prairie to consent to any diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any licensed physician and/or surgeon for my minor child named on this form. It is understood that this authorization is given in advance of any specific care being required, but it is given to provide authority to give care, which a physician may, in the exercise of his/her best judgment, deem advisable in the event that I am not present to give consent. I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to my above named agent(s) upon completion of treatment. I also will assume any and all financial and legal responsibility involved. This authorization will remain in effect from the date of my signature below through **January 1, 2014**.

I also give Indian Hills Baptist Church of Grand Prairie permission to use my son/daughter's image in still photographs and/or video for use in church publications and the church web site. _____ (please initial)

Please list any medical problems or allergies: _____

Name of Parent or Guardian (Please Print) Signature of Parent or Guardian Date

Name of Witness (Please Print) Signature of Witness Date

Church insurance begins where the individual's health and accident insurance policy terminates and is only valid when other insurance has been extended to its limits. In case of no personal policy Indian Hills Baptist Church's policy will provide complete coverage within its limits.