Lakeview Baptist Assembly
P. O. Box 0130 – Lone Star, Texas – Phone 903-656-3871
greement to Participate Church/Organization

Medical Information/Consent/Agro	<u>-</u>	Cnurch/Organization:		
Participant's Last Name:			_	
Address:(Number & Street)	(City & 7	Social Security Nur	nber:	
D Di	Address	f different than participant's)	Relationship: fferent than participant's) Pager	
•	Cell Phone:	Pager		
Emergency Notification Name:	Dalationshin	Davtima Ph	ona	
	_			
Evening Phone:		Pager:		
Medical Dr. Name:				
Insurance Company:				
Insurance Address:		Phone Number:		
Sponsor allowed authorizing emergenc	y care in lieu of Parent/Guardian	1:		
Person permitted to take Participant fro Please include any other information you th			Completed:	
Medical Information				
Allergies (List and Explain Reaction):				
Check any conditions: Diabetes Epi	lepsy Asthma Heart Ch	nest PainThyroid Kidney Dis	zziness Back pain	
Broken Bones Bleeding Disorders _	_ Operations High Blood Pre	essure Any Other Conditions		
Explanation of the above:		List Any dietary or Physic	cal Restrictions on back:	
Are all immunizations current: Yes	No Date of Last Teta	nus Shot:		
List Medications currently being taken:				
I/we hereby authorize the camp nurse or camp listed camper is in attendance at Lakeview Baptis camper to a medical facility. I/we further authorithe medical facility. I/we understand that camper before any action will be taken. If it is not possible I/we give my authority and consent for Lakevi prescription medication. AGREEMENT TO PARTICIPATE: A WHEREAS, THE UNDERSIGNED ("the PART & CONFERENCE CENTER, INC. In consideration of, and for the right to particular officers, Trustees, Employees, Agents, and/or A activity. Further, I/we will hold them harmless whether for bodily injury, property damage or loor in connection with participation in any other Officers, Trustees, Employees, Agents, and/or A activity is entirely VOLUNTARY. I/we enter it safety instructions. AGREEMENT TO HAVE PHOTOG I/we are aware of the fact that photos of my cl this, I/we give permission to use these photos, a permission to have my photograph taken. If this	st Assembly, I/we hereby authorize the office the health care provider of the medic officials will make a conscientious effort of the to locate the emergency contact listed ew Baptist Assembly or camp nurse to the ASSUMPTION OF RISK AND RELEATICIPANT") wishes to be accepted for purities in such an activity by LAKEVIE associates, I/we have and do hereby associates, I/we have and do hereby associates, I/we have and do hereby associates, indicate bills, hospital bills, and docactivities arranged for me by LAKEVII Associates, and their heirs, executors, a fully understand that my physical activities that the proposition of the fact that my child or myself may be taken during the taken of the fact that my child or myself may be taken during the taken of the fact that my child or myself may be taken during the taken of the fact that my child or myself may be taken during the taken of the fact that my child or myself may be taken during the taken of the fact that my child or myself may be taken during the taken of the fact that my child or myself may be taken during the taken of the fact that my child or myself may be taken during the taken of the fact that my child or myself may be taken during the taken of the fact that my child or myself.	ramp nurse or camp director to provide care to al facility to administer necessary medical and to locate the parent/guardian or the emergency in the emergency	the camper and/or transport th/or surgical care upon arrival a y contact listed on this docume dical and/or surgical treatment with the appropriate non- EVIEW BAPTIST ASSEMBINE CENTER, INC., its Direct sk incidental to the nature of every kind and nature whatsoes now has or which may arise from the CENTER, INC., its Direct of for all members of my family and that my participation in a carticipate and agree to follow the camp publicity. By sign such photos. I/we hereby g	
Signature of parent/guardian (if participant under	age 18)	Date of Signature		
Signature of parent/guardian (if participant under	age 18)	Date of Signature Date of Signature		

Pastor/Staff Signature