

Houston Project  
MEDICAL AND LIABILITY RELEASE FORM/ YOUTH  
(Bring with you at time of registration!)

I, as parent/guardian of \_\_\_\_\_, release Grace Bible Church/Houston's First Baptist Church, its agents, and employees, and Global Encounter from any claims or causes of action arising from or connected with transportation to and from, attendance, and participation at the Houston Project, March 7<sup>th</sup>-13<sup>th</sup>. I further agree that Grace Bible Church/Houston's First Baptist Church, its agents or employees, and Global Encounter are authorized to provide such medical care treatment as may be necessary, in their judgment, during such transportation and project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

If parents cannot be reached, please contact:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E. Health History: (Check where appropriate. Please also give approximate dates.)

\_\_\_ Bleeding/Clotting disorders \_\_\_ Frequent ear infections \_\_\_ Mononucleosis

\_\_\_ Chicken Pox \_\_\_ Hearing defect/disease \_\_\_ Psychiatric Treatment

\_\_\_ Convulsions \_\_\_ Hepatitis \_\_\_ Tuberculosis

\_\_\_ Diabetes \_\_\_ Hypertension \_\_\_ Other: please explain

In the event that your student becomes ill, is there any other medical contentions of which we should be concerned? [ ] Yes [ ] No If yes, please describe: \_\_\_\_\_

You may choose to call your Pastor or Student Director and discuss the conditions personally rather than give this information on this form. Your privacy will be respected.

2. Does your Student have any known allergies? [ ] Yes [ ] No If yes, please check known allergies.

\_\_\_ Asthma \_\_\_ Insect Stings \_\_\_ Penicillin

\_\_\_ Hay Fever \_\_\_ Ivy Poisoning, etc. \_\_\_ Other: \_\_\_\_\_

3. Does your Student have any physical disabilities? [ ] Yes [ ] No If yes, what? \_\_\_\_\_

4. Does your Student take any medicines regularly? [ ] Yes [ ] No If yes, what? \_\_\_\_\_

5. Is your Student under a physician's care at this time? [ ] Yes [ ] No If yes, you will need to provide a statement from your physician telling of the medications, special diet, restrictions as to recreation activities, etc.

6. In case of emergency, please check one: [ ] Call before treating. [ ] Give First Aid, then call.

7. Are all immunizations up to date? [ ] Yes [ ] No If no, please indicate reason: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE:**

All Houston Project participants must provide their own health insurance as the primary source of coverage. Grace Bible Church/First Baptist Church will provide no medical, health, life or other insurance to participants.

Hospital Insurance: [ ] Yes [ ] No

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_