2018

FOC Church Youth Ministry Medical and Liability Release Form

The Fellowship of Champions Church 16707 Squyres Rd Spring, TX 77379 (281) 376-2027

This form (1) gives your permission for your child to ride in church transportation and (2) gives group leaders authorization to secure medical aid for your child should it be necessary during the event.

I. consent to allow m	ny son/daughter
	(circle) (Print Minor's name – First, Last)
Ministry activities. I hereby authorize any hospital, clini above, any medical care and treatment necessary at treatment as the circumstances require while being treatment. I hereby authorize representatives of Felling 1.	ions Church in church or other transportation for various Student ic, physician; doctor, nurse, or technician to furnish my child, named is a result of injuries sustained or other emergency medical care ransported from and back to the church and while at the place of lowship of Champions to retain or acquire said medical care and hone or there is not time or opportunity to make such a telephone damages arising from the giving of such consent.
This the day of ,	201
(Please PRINT)	
	Grade in 2017-2018
	(Parent/ Guardian Name – First, Last)
	(Parent Signature)
	(Address)
	(Address)
	(Home Telephone Number)
	_ (Additional Telephone Number)
	(Preferred email address for communication)
PLEASE NOTE: We learned from our local hospital that most medical providers will attempt to call the parents before treating the child. Please provide all possible	Please complete and return this form to the church. This form will be kept on file during the 2017-2018 year. Please update any change in telephone/ contact numbers prior to any church sponsored trip.

contact numbers in order to enable medical professionals to administer care for your child in a timely manner.

Please complete page 2 on the reverse side of this <u>form.</u>

(Over)

Please fill out the following information: (Please update information when there are insurance changes!)	
Alternate Emergency Contact	
and Phone Number	
Alternate Emergency Contact	
and Phone Number	
Please list any allergies, medications, or special medical problems.	
Is your youth covered by medical/hospitalization insurance? Yes no	
If yes, the following information is necessary:	
For your protection, please describe what type of preauthorization is required in order for services to be covered b	У
your insurance policy:	
Name of Insured	
Insurance Company Name	
Insurance Company Name	
Insurance Company Name Insurance Company Phone Number	
Insurance Company Name Insurance Company Phone Number Insurance Company Address Group and Policy Number	
Insurance Company Name	
Insurance Company Name Insurance Company Phone Number Insurance Company Address Group and Policy Number	
Insurance Company Name	
Insurance Company Name Insurance Company Phone Number Insurance Company Address Group and Policy Number Child's Birth Date Insurance Carrier's Birth Date Insurance Carrier's Birth Date If applicable:	
Insurance Company Name	
Insurance Company Name	
Insurance Company Name	

^{**} The insurance carrier's social security number or insurance ID number may be required, per request of hospitals, for admittance. This information will be obtained by the hospital in the event your child needs to receive medical attention. If you have further questions, please contact Pastor Brice Land at (713) 818-6846 or brice@fellowshipofchampions.com