

**EMMANUEL BAPTIST CHURCH  
HENDERSON, TEXAS  
YOUTH MEDICAL INFORMATION  
2013**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents: Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents Email: \_\_\_\_\_

Insurance Co. and Policy #: \_\_\_\_\_

Shots Current?: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, reason \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Any medical conditions or emergency information? \_\_\_\_\_

Person to contact if parents cannot be reached: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL/SURGICAL WAIVER**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. In the event that there rises an emergency necessitating medical/surgical attention, I hereby consent and give my permission to Emmanuel Baptist Church of Henderson, Texas, or its representatives, sponsors, or any attending physician to make such decisions and perform such medical treatment and/or surgery upon said minor which may, in their sole discretion in the event I cannot be reached, be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian, do release, acquit, discharge, and covenant to hold harmless, Emmanuel Baptist Church of Henderson, Texas, and its representatives and sponsors from any and all actions, damages, and liabilities arising out of the treatment of any sickness or accident incurred by my said child.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip