

Form #1 for Minors

**PARENTAL PERMISSION TO TRAVEL INTO MEXICO FOR A MINOR
RELEASE FROM LIABILITY and
PERMISSION FOR MEDICAL TREATMENT
RELEASE FROM BILLS INCURRED**

We, as the parents of this minor; with this affidavit give permission for our son / daughter _____ to travel into Mexico and back to the
(Print Full Name of Minor)

United States with Daniel Thornton and the leaders of Longview Metro Church during the time from Friday, June 13, 2003 to Friday, June 20, 2003 on this Missions Trip. We also hereby release Daniel Thornton and the leaders of Longview Metro Church from any liability, in regards to any and all accident, injury, sickness, and / or medical problem sustained or contracted by our son / daughter while on this Missions Trip. I further agree that Daniel Thornton and the leaders of Longview Metro Church have my permission to authorize emergency medical treatment for our son / daughter, if in their opinion, it should become necessary. We also hereby release Daniel Thornton and the leaders of Longview Metro Church from any liability, in regards to any any medical, hospital, or dental bills incurred as a result of any accident, injury, sickness, and / or medical problem sustained or contracted by our son / daughter while on this Missions Trip. We, as parents of this Minor, have provided telephone numbers where we might be reached, day or night, in case of emergency.

PRINT---Parent/Guardian's Name

Parent/Guardian's Legal Signature

PRINT---Parent/Guardian's Name

Parent/Guardian's Legal Signature

Witness

Witness

Date

Date

Sworn to me this _____ day of _____, 2003 Notary Public in and for
the County of _____
the State of _____

Notary Public

My commission expires _____

Form #2 for Non-Minors

**RELEASE FROM LIABILITY and
PERMISSION FOR MEDICAL TREATMENT
RELEASE FROM BILLS INCURRED**

I, _____ will travel into Mexico and back to the
(Print Full Name)

United States with Daniel Thornton and the leaders of Longview Metro Church during the time from Friday, June 13, 2003 to Friday, June 20, 2003 on this Missions Trip. I hereby release Daniel Thornton and the leaders of Longview Metro Church from any liability, in regards to any and all accident, injury, sickness, and / or medical problem sustained or contracted while on this Missions Trip. I further agree that Daniel Thornton and the leaders of Longview Metro Church have my permission to authorize emergency medical treatment for me, if in their opinion, it should become necessary. We also hereby release Daniel Thornton and the leaders of Longview Metro Church from any liability, in regards to any medical, hospital, or dental bills incurred as a result of any accident, injury, sickness, and / or medical problem sustained or contracted by me while on this Missions Trip. I have provided telephone numbers of those to be reached, day or night, in case of emergency.

SIGN---Your Full Name

Witness

Witness

Date

Date

Sworn to me this _____ day of _____, 2003 Notary Public in and for
the County of _____
the State of _____

Notary Public

My commission expires _____

MEDICAL INFORMATION FORM

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: ____/____/____ Cell Phone: ____/____/____

Date of Birth: ____/____/____ Social Security No: ____/____/____

In the unusual case of being looked at by a physician, we need to know these things:

Do you have any health conditions, which might cause restrictions or require medical care? [] Yes, [] No. If yes, please explain:

Any there any medications to which you are allergic? [] Yes, [] No. If yes, please explain:

List any and all medications taken regularly or occasionally, prescribed or over the counter:

Do you have personal health insurance? [] Yes, [] No. If yes,

Name of insurance company: _____

Policy Number: _____

Person to be contacted, in case of an emergency:

Name: _____ Relationship: _____

Telephone: Day ____/____/____ Night ____/____/____

Name of your personal physician: _____

City _____ State _____ Telephone: ____/____/____

Form #4 for Drivers

DESIGNATED DRIVER FORM

Name: _____

Address: _____

City: _____ **State** _____ **Zip Code** _____

Date of Birth: ____/____/____

Drivers License No.: _____ **State:** _____ **Expiration Date:** _____

Name of cardholder: _____

Please print as it appears on your credit card

Which Credit Card do you have: American Express, Discovery, Mastercard or Visa?

Please specify _____

Card Number: _____ **Expiration Date:** _____

Below is a photocopy of the Designated Driver's drivers' license.

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Lakeview Baptist Assembly
P. O. Box 0130 - Lone Star ~ Texas - Phone 903-656-3871
Medical Information/Consent/Agreement to Participate
Church/Organization:
Participant's Last Name:
Address:
First Name: Date of Birth: Age:- Sex:-
Social Security Number:-
Relationship: Parent/Guardian: -
Emergency Notification
Name:
Address:
(If different than participant's)
Evening Phone:
Medical Dr. Name:
Relationship:
Cell Phone:
Daytime Phone:
Pager:

Phone: Dentist Name: Phone:

Policy# InsuranceCompany: Nameof Insured:

Sponsor aUowed authorizing emergency care in lieu of Parenti Guardian:

Person not permitted to take Participant from camp:

Please include any other information you think we need to know on an ex1rasheet of paper.

MedfeallInformadon

Allergies (List):

Check any conditions: Diabetes - Epilepsy - Asthma - Heart - ChestPain_Thyroid-Kidney- Dizziness- Backpain-

Broken Bones - Bleeding Disorders- Operations- High Blood Pressure - Any Other Conditions

Explanatim of the above:

AreaUimmunizationscurrent Yes- No-

List Medications currently being taken:

Date of Last Tetanus Shot:

IJwe hereby authorize the calDp l1UIEeor eamp director to administer the ml'dicatioJl listed on this form. If a medical emergency should arise while the above listed camper is in attendance at Lakeview Baptist Assembly, JJwe hereby authorize the camp nurse or camp director to provide care to the camper andlqr transport the eamper to a medical filcility. JJwe further authorize the health eare provider of the medical mcility to administer necessary medical and/or surgical care upon arrival at the medical1i1cility. IJwe understand that eamp officials will make a conscientious efi'ort to locate the emergem:y contact listl'd on this docull1C1!tbefore any action Will

be taken. If it is not possible to locate the emergency contact listed, llwe will accept the expense of emergency medical and/or surgical treatment.

llwc give my authority and consent for Lakevicw Baptist Assembly or camp nurse to treat my cbild for a headache, fever, or upset stomach with the appropriate nonprescription

medieation excluding Aspirin and Pepto-Bismol.

AGREEMENT TO PARTICIP ATE: ASSUMPTION OF RISK AND RELEASE OF UABILITY

WHEREAS, THE UNDERSIGNED ("the PARTICJP ANT") wishes to be accepted for participation in all activities conducted by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC.

In consideration o(and fur the right to participate in such an activity by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors,

Officers, Trustees, Employees., Agents, andlor Associates, JJwe have and do hereby asSIUlle all oftbc riales and any other ordinary risk incidental to the nature of the activity. Further, JJwe win hold them harmless fiOIDany and all liability, actions, causes of action, debts, claims. and demands of every kind and nature ~er, whether for bodily iqjury, property damage or loss, medieaJ bills, hospital bills, and doctor bills, or other wise, wlch the participant now has or which may arise fion or in connection with participation in any other activities amU Sed fOr me by LAKEVIEW BAPTIST ASSBMBL Y & CONFERENCE CENTER, INC., its DirectoIS,

Officers, Trustees, Employees, Agents, and/or Associates, and their heirs; executors, and administrators, successors and assigns and for all members of my family, including any minor accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

AGREEMENT TO HAVE PHOTOGRAPH TAKEN:

I/we are aware of the fact that photos of my child or of myself may be taken during the week by camp staff which may appear in future camp publicity. By signing this, I/we give permission to use these photos, aware of the fact that my child or myself WILL NOT be identified by name in any such photos. I/we hereby give permission to have my photograph taken. If this is unacceptable, I/we will so state that I/we do so by writing "NO" in the space provided.

Signature of parent/guardian (if participant under age 18) Date of Signature

Signature of participant Date of Signature

FOR ADULT SPONSORS ONLY .

Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor.

Pastor/Staff Signature