

# HUB STUDENT MEDICAL RELEASE FORM 2015 - 2016



• HUB Student Ministry •  
 Houston's First Baptist Church • 7401 Katy Freeway • Houston, TX • 77024 • 713.681.8000  
[www.HoustonsFirst.org/Students](http://www.HoustonsFirst.org/Students)

STUDENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_  MALE  FEMALE  
 GRADE ENTERING AS OF AUGUST '15 : \_\_\_\_\_ SCHOOL ATTENDING 2015 - 2016: \_\_\_\_\_  
 CHURCH ATTEND: HOUSTON'S FIRST @  MAIN CAMPUS – LOOP;  CYPRESS;  DOWNTOWN;  SIENNA  
 FAITH CENTER  OTHER \_\_\_\_\_

FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_  
 PRIMARY PHONE: \_\_\_\_\_ PRIMARY PHONE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**If parents cannot be reached, please contact:**

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
 PRIMARY PHONE: \_\_\_\_\_

### general medical information

1. Does your student have any type of medical condition / diseases / chronic or recurring illness that we need to be aware of?  yes  no  will call minister  
(You may choose to call the Minister to Students or Minister to Children and discuss the condition with him personally rather than give this information on this card. Your privacy will be respected.)  
 Check all that apply and explain.

Asthma: \_\_\_\_\_  Bleeding Disorder: \_\_\_\_\_  Diabetes: \_\_\_\_\_  
 Epilepsy: \_\_\_\_\_  Heart Condition: \_\_\_\_\_  Joint or Back Problems: \_\_\_\_\_  
 Seizures: \_\_\_\_\_  Stomach Conditions: \_\_\_\_\_

2. Does student have any physical disabilities?  yes  no If yes, what?  
 3. Has student had a recent injury?  yes  no If yes, what?  
 4. Has student had recent surgery?  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 medication, special diet, restrictions as to recreation activities, etc.  
 6. Does student have any known significant / general allergies?  yes  no If yes, what?

Food: \_\_\_\_\_  Medicine / Drug: \_\_\_\_\_  
 Insect Sting: \_\_\_\_\_  Plant / Pollen: \_\_\_\_\_  
 Other: \_\_\_\_\_

7. Has your student received all vaccinations required to enter a school in the state of Texas?  
 yes  no DATE OF LAST TETANUS SHOT: \_\_\_\_\_

Parent Initials

(go to page 2)

8. Does student take any medicines regularly?  yes  no

Will your student bring those medicines on overnight activities including camp, retreats, etc.?  yes  no

9. Does your student have a special diet?  yes  no

If yes, please explain:

10. Please Initial:

\_\_\_\_\_ I give permission for first aid techniques and simple health care to be administered as the need arises. I understand in the event of any serious injury or illness on my part the nurse / HUB staff / camp officials reserve the right to seek professional medical attention including but not limited to consultation with medical director, EMS transportation, and hospitalization.

\_\_\_\_\_ I give permission for my student/child to receive age appropriate over the counter medication as indicated by checking below:

<input type="checkbox"/> acetaminophen (i.e. Tylenol)	<input type="checkbox"/> Ibuprofen (i.e. Advil)	<input type="checkbox"/> decongestant (i.e. Sudafed)
<input type="checkbox"/> antacid tablet (i.e. Tums)	<input type="checkbox"/> antihistamine (i.e. Benadryl, Claritin)	<input type="checkbox"/> antihistamine cream
<input type="checkbox"/> antibacterial ointment	<input type="checkbox"/> any others as indicated by the nurse	

MEDICAL DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAL INSURANCE?  YES  NO \*MEDICAL INSURANCE COMPANY \_\_\_\_\_

INSURED NAME: \_\_\_\_\_ INSURED I D # OR MEMBER # \_\_\_\_\_

PLAN OR GROUP NUMBER: \_\_\_\_\_ Insurance Company Phone #: \_\_\_\_\_

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

**\*You must copy both front and back of your insurance card and bring to the Student Office.**

YES  NO I give Houston's First Baptist Church Student Ministry the right to use video or still shot photography of my student in any appropriate promotional or publicity use.

YES  NO If needed, my student has my permission to speak with a counselor from the HFBC Counseling Center.

\_\_\_\_\_ I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody, and control.

\_\_\_\_\_ I am above the age of 18 and am signing this agreement as the participant.

I give my student permission to attend the activities and functions sponsored by Houston's First Baptist Church HUB Student Ministry. I authorize Houston's First Baptist Church, its agents or employees, to provide such medical care treatment, as may be necessary, in their judgment, during activities and events and such transportation. I also agree not to hold Houston's First Baptist Church, staff, group leaders, sponsors, or workers responsible for any harm, danger, accident, or loss of life that may occur.

I release Houston's First Baptist Church, its agents, and employees, from any claims or causes of action arising from or connected with transportation to and from such activities and functions as sponsored by Houston's First Baptist Church.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE OR ADULT PARTICIPANT

PRINTED NAME \_\_\_\_\_

ADDRESS OF SIGNATORY \_\_\_\_\_

\_\_\_\_\_