

The Branch Student Ministry Event Medical Consent Form

Event Name: _____ Event Date: _____

Student Information:

Student's Name: _____ Grade: _____

Address: _____ City: _____ Zip Code: _____

Student:

Phone - _____ E-Mail - _____

Parent/Guardian:

I give my permission for _____ to go with The Branch Student Ministry, a ministry of Farmers Branch Church of Christ in Farmers Branch, TX on the event named above during the dates listed next to the event above. If an accident should occur on the trip and I am unable to be contacted, I give my permission for the staff or sponsors of The Branch Student Ministry to seek the medical attention necessary. I also give my permission to the physician selected to order injection, anesthesia, or surgery, as deemed necessary for the student named above. I do not hold The Branch Student Ministry, Farmers Branch Church of Christ, the staff or sponsors legally responsible or liable for any accident that should occur.

Participant's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent: Best Emergency Contact #: _____ Alternate #: _____

Health Information

Allergies: _____ Medications: _____

Physician Name: _____ Phone #: _____

Insurance Co: _____ Policy Number: _____

Pre-authorization Phone #: _____