

Transportation Authorization & Medical Release Form  
Lake Highlands Baptist Church  
642 Brookhurst  
Dallas, Texas 75218

Phone: 214.327.7393 Fax: 214.328.1968

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contacts:**

Father \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Other \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Health Insurance Information: (REQUIRED)**

Preferred Local Hospital \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Holder \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

List **all** known medical problems: \_\_\_\_\_

List **all** prescription drugs your child will be taking while on trip/activity and state the frequency and dosage required for each medication. \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**Full Value Contract**

1. I agree to be *physically safe* with myself and with everyone else on all activities and events with Lake Highlands Baptist Church, Dallas, Texas from January 1, 2011 through December 31, 2011. This means I will follow all of the safety guidelines and rules for the entire event or activity. This includes, but is not limited to: not being found alone, no drugs, alcohol, fireworks, or weapons of any kind (including pocket knives).

2. I agree to be *emotionally safe* with myself and with everyone else on all activities and events with Lake Highlands Baptist Church, Dallas, Texas from January 1, 2011 through December 31, 2011. This means I will follow all of the safety guidelines and rules for the entire event or activity. This includes, but is not limited to: no put downs, cut downs, racist remarks, sexist remarks, or discouraging remarks toward myself, my peers, or anyone else. I understand that these safety standards and rules are non-negotiable and, if broken, may result in being sent home from a trip or activity. If I fail to comply with these two commitments, I will be reminded of the full value contract. I agree to the commitments of the Full Value Contract and understand the importance of keeping my group members and myself accountable to our agreement while participating in events or activities.

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Witness: \_\_\_\_\_

I (We) hereby grant permission for you to treat the above named youth at the discretion of the pastor, staff, or sponsors of Lake Highlands Baptist Church, Dallas, Texas. You may perform whatever care is necessary for the welfare of my (our) child until such time as you are able to reach me (us) personally.

I (We) hereby grant permission for \_\_\_\_\_ to attend activities and events with the Lake Highlands Baptist Church, Dallas, Texas from January 1, 2011 through December 31, 2011. We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. We do hereby release, absolve, indemnify, and hold harmless Lake Highlands Baptist Church, Dallas, Texas, the organizers, sponsors, and supervisors from all loss, injury, or other damage to us or the above-named youth arising out of the activities or events. In case of injury to our child, we hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from all activities and/or events. I also agree that in the event the above named student does not comply with the full value contract I will pay his/her expenses to be sent home (if necessary) at the discretion of the event staff. I will also grant full permission to Lake Highlands Baptist Church to use video or photography of my child in any appropriate promotional or publicity use.

Date: \_\_\_\_\_ 2011. State of Texas; County of Dallas.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_