



The Children's and Student Ministry at Northwest Bible Church
8505 Douglas Ave. Dallas, TX 75225 214-368-6436

Medical Permission & Release Form May 2011 - May 2012

Child/Student's Name _____ Age _____

Birth date _____ Grade _____ during _____ / _____ School Year Male/Female

Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Parent Name _____ Cell Phone _____

Work Phone _____ Email address _____

Parent Name _____ Cell Phone _____

Work Phone _____ Email address _____

Emergency Contact (if parent cannot be reached)

Name: _____ Phone _____

Other Guardian _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Hospital Insurance* yes no Policy Number _____

Name of Insurance Company _____

***Please attach a copy of insurance card.**

Date of Last Immunization: DPT _____ MMR _____ Tetanus _____ Polio _____

Check if child has had: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Other (specify) _____

Allergies:

Foods _____

Insect Bites _____

Drugs _____

Previous Serious Illness(es) _____

Current Medication _____

Special Diet _____

Special Notes _____



Signature and Notarization required on bottom of form

I (we) hereby authorize Northwest Bible Church to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by Northwest Children/Student Ministries.

I (we) hereby authorize Northwest Bible Church to transport my (our) child to or from church activities.

I (we) hereby authorize Northwest Bible Church to include my (our) child in supervised water activities.

I (we) hereby authorize Northwest Bible Church and its acting leaders to teach and lead my (our) child in religious lessons and services, which may include prayer and Bible teaching.

I (we) hereby authorize any adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

I (we) hereby authorize any licensed physician or medical treatment center to treat my (our) child in case of emergency in which the before named physician cannot respond.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to their authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we) HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS Northwest Bible Church and affiliates, and their officers, directors, agents, legal representatives, employees from any claims arising directly or indirectly out of Minor's participation in the Trip, or events of any nature that occur during the Trip. I (we) agree that to bear all costs (including attorneys' fees, litigation costs, expenses, or judgments resulting from any claims or lawsuits filed by anyone for Minor's bodily injury (including but not limited to illness, accidents, kidnapping, and detention), property damage, or death, which is alleged to have resulted from Minor's participation in the Trip, or events of any nature that occur during the Trip. It is the intention of the parties hereto that Participants will protect Released Parties from any liability for bodily injury (including but not limited to illness, accidents, kidnapping, and detention), property damage, or death as a consequence of Minor's participation in the Trip, whether or not the bodily injury (including but not limited to illness, accidents, kidnapping, and detention), property damage, or death is caused by acts or omissions of Released Parties or any third party (including others who may be participating in the Trip, or events of any nature that occur during the Trip). PARTICIPANTS HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY (including but not limited to illness, accidents, kidnapping, and detention), PROPERTY DAMAGE, OR DEATH TO MINOR DUE TO THE ORDINARY NEGLIGENCE OF RELEASED PARTIES AND THE ORDINARY NEGLIGENCE, GROSS NEGLIGENCE, OR WILLFUL MISCONDUCT OF ANY THIRD PARTY, INCLUDING OTHERS PARTICIPATING ON THE TRIP.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The medical consent and liability waiver provisions hereof shall remain in full force through May 2012 and in effect until written notice of revocation or withdrawal is received by Northwest Bible Church at its office at 8505 Douglas Ave, Dallas, TX 75225. It is the responsibility of the parent/guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed above.

I (we) understand photos and videos of my child may be taken for use in Northwest publications. I also understand publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication; Northwest will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video there from, and subsequently using, altering or republishing them without my consent.



I (we)waive any claim for damages against Northwest from unconsented-to use, alteration or republication of my photographs and video by third parties accessing the Internet/World Wide Web.

Conciliation Clause

The Board of Elders has unanimously agreed that Northwest Bible Church be a "Partner in Peacemaking" with Peacemaker Ministries.

The parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the biblical injunctions of 1 Corinthians 6:1-8, Matthew 5:23-34, and Matthew 18:15-20. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or to any aspect of the employment relationship, including statutory claims, shall be settled by biblically-based mediation.

If resolution of the dispute and reconciliation do not result from mediation, the matter shall then be submitted to a panel of three independent and objective arbitrators for binding arbitration. Each party to the agreement shall have the right to select one arbitrator (unless the parties mutually agree to the use of only one arbitrator). The two arbitrators selected by the parties shall jointly select the neutral, third arbitrator. If there is an impasse in the selection of the third arbitrator, the Institute for Christian Conciliation division of Peacemaker Ministries of Billings, Montana [(406) 256-1583] shall be asked to provide the name of a qualified person who will serve in that capacity. The mediation and arbitration process shall be conducted in accordance with the "Rules of Procedure for Christian Conciliation" contained in the Peacemaker Ministries booklet, *Guidelines for Christian Conciliation*.

The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of the employment relationship or this agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.



Printed Name of Parent or Legal Guardian *(if participant is under 18)*

Printed Name of Participant *(if participant is 18 or older)*

Parent or Legal Guardian Signature *(if participant is under 18)*

Date

Participant Signature *(if 18 or older)*

Date

Form must be notarized

Place Embossed Seal Here	Subscribed and sworn before me:
	Name: _____
	Date: _____
	Notary Public: _____
	My Commission Expires: _____