



Name and dosage of any medications that must be taken: \_\_\_\_\_

Any activity restrictions: \_\_\_\_ Yes \_\_\_\_ No What restrictions? \_\_\_\_\_

In the event that your child is injured or becomes sick while at FOCUS, your medical insurance carrier will be billed. Do you have health insurance? \_\_\_\_ Yes \_\_\_\_ No

If "yes," Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

**MEDICAL RELEASE:**

The person herein described has permission to engage in all FOCUS activities except as noted. I hereby give permission to FOCUS to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give my permission to FOCUS to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the FOCUS leadership (Twin City Baptist Church) to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

**LIABILITY RELEASE:**

Every Activity sponsored by FOCUS is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to release and discharge FOCUS, Twin City Baptist Church, Ridgecrest Conference Center and all employees or volunteer assistants that are related to the aforementioned organizations from any claims, causes of action, costs, obligations, or financial responsibility resulting from or arising out of any incident, injury or accident occurring while the minor listed is attending FOCUS. For promotional purposes, I hereby grant to FOCUS the perpetual right to use photographs or video footage taken of my child as a result of participation in activities at FOCUS.

The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and a liability release.

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Conference cost: \$124 per person if group is registered by 12/31/11  
\$144 after 1/1/12