



Medical Authorization, Release and Insurance Form

for

(Print Full Name of "Student")

I give my consent and/or express my desire for Student to attend "Oakwood Baptist Church Middle School PaceSetters Camp", June 2-7, 2019, on the property of Focus Pointe Base Camp, in Alba, Texas.

By signing below, I confirm my consent and agreement with each of the following statements:

- If Student is under 18 years old, I am a parent or legal guardian of Student;
• The term "Focus Pointe Base Camp" includes all individual employees, trustees, agents and representatives of Focus Pointe Base Camp;
• FPBC is granted permission to authorize emergency medical treatment for Student during the "PaceSetters", including hospitalization and/or medical, dental and surgical care;
• Focus Pointe Base Camp is not responsible for any injury or damage which may arise in connection with such authorized emergency medical treatment for Student;
• With an understanding of the risk of illness, allergic reactions, personal injury and property damage, and in consideration of Student being permitted to participate in "PaceSetters" (including swimming and other recreational facilities) and any related service projects, Focus Pointe Base Camp is voluntarily released from all claims and lawsuits relating to any loss, illness, damage or injury which may be sustained by Student while participating in "PaceSetters" and any related service projects, including claims based upon negligence, recklessness and strict liability of Focus Pointe Base Camp, if any;
• If Student is 18 years old or older, Student agrees that this release also binds Student's family members and that Student will hold harmless and indemnify Focus Pointe Base Camp from all claims and lawsuits relating to any loss, illness, damage or injury which may be sustained by Student while participating in "PaceSetters" and any related service projects, including claims based upon negligence, recklessness and strict liability of Focus Pointe Base Camp, if any; and
• Student has adequate health insurance to provide for and pay any medical costs that may be incurred as a result of injury or illness that occurs while participating in "PaceSetters". If NOT, parent or legal guardian must provide, in writing, a statement declaring the ability and willingness to pay for ALL medical costs incurred.
• Student is participating in all activities, on and off the Focus Pointe Base Camp property, at their own risk

Read Carefully Before Signing

IF STUDENT IS UNDER 18 YEARS OLD:

Signature of Parent/Guardian

Date

IF STUDENT IS 18 YEARS OLD OR OLDER:

Signature of Student

Date

(Please turn over to complete and SIGN where needed)

Send a copy of your insurance card with your student.

In the event of an emergency involving _____,
please notify: (Full Name of Student)

Name Relationship

Day-Time Phone Number Evening Phone Number

Physician Physician's Phone Number

Health Insurance Company Policy Number

If You Carry NO Medical Insurance:

Parent/Guardian Statement of Medical/Financial Responsibility

Signature of Parent/Guardian

Medical History/Immunization Record:

List Any Allergies: _____

Asthma YES / NO

Diabetes YES / NO

Heart Trouble YES / NO

Chicken Pox YES / NO

Measles YES / NO

Convulsions YES / NO

Please list ANY other conditions: _____

Medication Dosage/ Time
(continue on back if needed)

Medication	Dosage	Time