

Valley Baptist Mission Education Center /
Valley Baptist Retreat - Medical Release Form

General Information

Legal name _____ Today's Date: ___/___/___

Complete Home Address: _____

Birthdate: ___/___/___ Gender: M F Dates of trip: _____

Group Name attending with: _____

Insurance Information

Name of Company: _____

Group # _____ Policy # _____

Subscriber's Name _____ Birthdate _____

Emergency Contact Information

Who do you want us to notify in case of emergency?

Relationship to you? _____ Home Phone: _____ Cell: _____ Work Phone: _____

Secondary Contact? _____

Relationship to you? _____

Home Phone: _____ Cell: _____

Work Phone: _____

Health History

Please list any allergies to food, medications, latex or insect bites.

Please list ALL medications you are on below. Use another sheet if needed and staple to form.

Please list any major health conditions, including mental health conditions, we need to be aware of along with any special instructions. Attach another sheet if needed.

Are your immunizations up to date? Y / N When was your last Tetanus shot? _____

Health Care and Camp Permissions

I agree in signing this form, I give my permission for first aid techniques and simple health care to be administered as the need arises to myself (my minor) as determined by Valley Baptist Retreat staff in consultation with the designated trip coordinator for my group/church. In case of an emergency, I hereby give permission to the physician selected by the church's/group's designated team coordinator to hospitalize, secure proper treatment for, and order injection, anesthesia, surgery for myself (my minor) as named above, and agree to bear the costs of said treatment. I hereby attest that all the information listed on this medical form is complete and accurate to the best of my knowledge and that I (my minor) am in acceptable health, physical ability and emotionally ready to fully participate in camp. I grant my permission to participate in all activities associated with the enrolled event with the exceptions of those that are noted on this form.

I, the undersigned, do hereby release and forever discharge all from any and all claims, demands, actions or cause or action arising out of damage or injury while I (my minor) participate in Valley Baptist Retreat and Conference Center sponsored activities.

Participant if over 18 or Guardian/Parent if under 18:

Print _____ Date: ___/___/___

Sign _____

Valley Baptist Mission Education Center
Valley Baptist Retreat
1600 E Business 83
Reservations (956)585-4393

Participant Individual Release Form

Please sign below and turn in one form for each participant upon arrival at VBMEC/
Valley Baptist Retreat campus.

I _____, (minors must have parent's name here) speaking for myself or my child, do hereby agree to release and hold harmless Valley Baptist Mission Education Center/Valley Baptist Retreat, its staff, its board, Rio Grande Valley Baptist Association, the Baptist General Convention of Texas and all supporting ministries of any responsibility for accidental injuries, sicknesses or incidents sustained during our time at VBMEC/ Valley Baptist Retreat. We do hereby give the staff of VBMEC/ Valley Baptist Retreat permission to hospitalize, secure treatment as deemed necessary should the leader of the group not be available to make said decisions. I also acknowledge that I have read and agree to the policies and procedures of VBMEC/ Valley Baptist Retreat, and that if I violate any rules of the facility there or otherwise posted, that I can be asked to leave at my own expense without repercussions to VBMEC/ Valley Baptist Retreat. This decision is to be determined by the board or the on duty Director. I hereby understand and consent to the use of any photographs/videos taken at the facility or VBMEC / Valley Baptist Retreat sponsored activities to be used in the use of VBMEC promotional materials.

I _____ (attendee name) have read and agree to abide by the policies set forth by VBMEC/ Valley Baptist Retreat and understand that if I violate these, I can be asked to leave the facility at my own expense.

Attendee Signature

Date

Parent signature if Attendee is under 18

Date