

**DEER PARK FIRST BAPTIST CHURCH**  
**EMERGENCY INFORMATION RELEASE FORM**  
For Church-Sponsored Trips Outside the Greater Houston Area

Please fill out the information requested below and return to staff member in charge of trip a minimum of two weeks before departure. This information will be crucial in case of an accident and/or illness. Copies of this information will be returned to you to be kept with you during the trip. Copies will also be in the possession of the staff member in charge as well as given to Beckie Turk in the Church Office to be kept on church property during the trip.

**Please Fill Out ALL Information Requested (PLEASE PRINT CLEARLY)**

**TRIP INFORMATION:**

Name of Event: \_\_\_\_\_ Staff Member in Charge: \_\_\_\_\_  
Destination City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_  
Date Departing: \_\_\_\_\_ Date Returning: \_\_\_\_\_

**PERSONAL INFORMATION:**

Full Name (If passport, **EXACTLY** as it appears): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (NOTE: If under 18, Parent=s signature is required)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Passport Number: \_\_\_\_\_ Office Passport Issued \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

**MEDICAL INFORMATION:**

Doctor: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List any unusual medical conditions which you feel might be helpful for a physician to know: \_\_\_\_\_  
\_\_\_\_\_

Blood Type: \_\_\_\_\_

Please list all drugs/medicines to which you are allergic:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the prescription drugs and medicines which you are presently taking: (Generic Name, exact strengths, and dosage of each medication needed.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Fill Out ALL Information Requested (PLEASE PRINT CLEARLY)**

**HEALTH INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Plan # \_\_\_\_\_ Policy#: \_\_\_\_\_

Primary Name on Account: \_\_\_\_\_ ID#: \_\_\_\_\_

**MINOR PERMISSION TO TREAT STATEMENT (PARENT OR GUARDIAN):**

The attending physician and/or hospital has my permission to administer medical care to my minor as they deem necessary in case of an accident or illness.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF TEXAS

COUNTY OF HARRIS

IN WITNESS WHEREOF, the said Participant has hereunto set hand seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**PERSONAL PERMISSION TO TREAT STATEMENT (18 YEARS OR OLDER):**

The attending physician and/or hospital has my permission to administer medical care as they deem necessary in case of an accident or illness.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF TEXAS

COUNTY OF HARRIS

IN WITNESS WHEREOF, the said Participant has hereunto set hand seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public