

First Baptist Church Davis
Mexico Outreach Registration

Medical Information

Name: _____ Date of Birth: _____
Parent/Guardian Names: _____
Home Phone: _____ Work Phone: _____
Address: _____ (city) _____ (state) _____
Health Insurance Company: _____
Policy Number: _____ Name of Primary Insured: _____
Family Doctor: _____ Phone: _____
Date of last Tetnus Shot (must be current): _____
Alternate Emergency Phone:(name) _____ (number) _____
Please identify any medical problems, special medications, diets, allergies (including medications) or major illness or surgery within last 12 months:

Release and Authorization (notary required)

I, the parent/ legal guardian of _____ do hereby give permission to the staff of First Baptist Church of Davis and its authorized agents to take him/her to Mexico from March 22, 2008 to and including March 29, 2008.

If my child/charge incurs injury or illness, I give the First Baptist Church of Davis absolute permission and authority to secure necessary medical treatment and I hereby relieve the First Baptist Church of Davis and its agents of any and all liability in securing the treatment.

Signature: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

STATE OF _____
COUNTY OF _____
On _____ before me,

personally appeared _____,
_____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary: _____