

Challengers - Activity Permission and Medical Release Form

As a Challenger, I will do my best to follow the directions and leadership of my Challengers Leaders and work together with the other young men during this activity.

_____ Date _____
(Challenger's Signature)

I hereby give my permission for (boy's name) _____ to accompany
Leader _____ (leader's name) and participate in the following activity
_____ at (place) _____ on (date) _____.

List any health concerns the boy may have: (*allergies, diabetes, heart problems, etc.*)

List any medications the boy is currently taking: _____

Please list the information for primary care physicians:

Physician _____

Phone _____

Address _____

Medical Insurance Information:

Insurance company or plan _____

Policy number _____

In Case of Emergency, please contact:

Name _____

Phone (____) _____ Home (____) _____ Cell

In the event of an accident or unexpected illness, the attending physician or hospital has my permission to administer medical care to my son as they see necessary. Photos and video clips taken during the trip used by Texas Baptist Men for promotional purposes or appear on the TBM Website or social media.

Parent or Guardian printed name: _____

Parent or Guardian signature _____

Address _____

Phone (____) _____ Home (____) _____ Cell