

## Registration and Medical/Media Release

Special Friends Retreat

December 6, 2025

Bacon Heights Baptist Church

Lubbock, Texas

Please mail all forms to: Texas Baptists, Attn: Special Friends,  
7557 Rambler Rd Ste 1200, Dallas, TX 75231.

I am a: (please check one)

☐ Camper

☐ Sponsor/Chaperone/Parent

☐ Bible Study Leader

Church \_\_\_\_\_

Participant's Full Name

*Last*

*First*

*Middle*

Gender Male Female

Birthday

*month/day/year*

Age

Home Address

*Street*

*City*

*State*

*Zip*

Daytime Phone

Cell Phone

In case of an emergency, please notify:

Relationship to Participant

Home Address

*Street*

*City*

*State*

*Zip*

Daytime Phone

Cell Phone

Work Phone

Does the participant have any of the following allergies?

Penicillin

Yes

No

Other drugs?

Hay Fever?

Yes No

Latex?

Yes No

Ivy Poisoning?

Yes No

Insect Stings?

Yes

No

Food Allergies? If so, what?

Any other allergies? If so, what?

I give permission to administer over the counter medications:

Advil/Motrin (ibuprofen)

Yes No

Benadryl

Yes No

Tylenol (acetaminophen)

Yes

No

Please list important health information or physical problems.

Will the participant be bringing any medications to the activity?

Yes

No

All medication should be in a zip-lock bag with name in large print. Please attach dosage information, instructions, and reason for the medication.

(over)

Participant Name \_\_\_\_\_ Page 2

Describe any dietary restrictions which the participant is required to follow: \_\_\_\_\_

Date of participant's last tetanus shot \_\_\_\_\_

Participant's Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Is there medical or hospitalization insurance which provides benefits for the participant? Yes No

*If yes, please complete and attach a copy of the insurance card:*

Name of insurance company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder's Full Name \_\_\_\_\_ Group Number \_\_\_\_\_

Medicaid Number \_\_\_\_\_

Other comments or suggestions concerning the participant: \_\_\_\_\_

I understand that, in the event the participant requires medical or dental treatment while engaged in the activities of the Special Friends Retreat, reasonable efforts will be made to contact the caregiver; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor, acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any medical treatment deemed medically necessary, including but "not" limited to: x-ray examination; injection; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and given by a licensed physician, surgeon, dentist, or registered nurse, either as an outpatient or in a hospital. I further agree to indemnify and hold harmless any medical professional or ministry leader from loss, claim, or liability who provides authorization, medical, or first aid treatment to the participant as deemed appropriate. I also give permission to the treatment facility to surrender physical custody of my child to the sponsoring agent's representative after treatment has been provided. To the best of my knowledge, I have disclosed and listed above all medical allergies, medication being taken, medical problems/conditions and pertinent information for the child indicated on this medical consent form.

Print Full Name \_\_\_\_\_

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

*(If participant is not his/her own guardian, a parent or guardian must sign.)*

#### Multi-Media Release

*I give my permission for Baptist General Convention of Texas to photograph or video my child and to use this photograph, voice or video recording in publication, motion pictures, newsletters, and Convention-owned websites. I understand the resulting photographs, stills, video, motion pictures, and audio recordings may be published for the purpose of instruction or information for leaders, students, parents, or the general public of Convention ministries or events.*

I give my permission Yes No

Print Full Name \_\_\_\_\_

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

*(If participant is not his/her own guardian, a parent or guardian must sign.)*