

BETHANY BAPTIST CHURCH  
1905/1911 West Walker Street  
Breckenridge, TX 76424  
Phone (254) 559-5083 \* Fax (254) 559-6008

**Permission and Medical Directives Form**

I, \_\_\_\_\_ give my full consent to participate in  
\_\_\_\_\_ on \_\_\_\_\_

The authorized sponsor/leader has my permission to act on my behalf in securing any needed medical treatment, in the case I am unable to act on my own behalf while participating in this activity.

To secure medical treatment, the sponsor needs the following information:

Emergency Contact Name(s) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_

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

Medical Allergies \_\_\_\_\_

List of Medications taken currently \_\_\_\_\_

List of physical and/or emotional disorders \_\_\_\_\_

Name of Family Physician \_\_\_\_\_

Physician's Office Phone # \_\_\_\_\_

In case of emergency I understand every effort will be made to contact my emergency contact. In the event that they cannot be reached, I hereby give permission to the physician to hospitalize and secure treatment for myself. I accept full responsibility for placing myself under the care of Bethany Baptist Church.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date