Permission/Medical Release for Youth

for

Builders Without Borders of Texas, Inc.

Referring to_____ Date of Birth_____
(name of youth)

Address_____

City/State/Zip_____

School_____Grade_____Age_____

As parent(s), legal guardians(s) of this youth, I/we permit him/her to participate in all official supervised Builders Without Borders of Texas, Inc., programs and activities for which he/she is registered or participates (when no registration is required). I/we knowingly release, absolve, indemnify, and hold harmless Builders Without Borders of Texas, Inc., its Members, Trustees, Administrative Board, Committee and Staff, as well as the organizers, sponsors, workers and all others acting on behalf of Builders Without Borders of Texas, Inc., or its programs and activities, from all claims that might result from any accident, personal injury, illness or death to the youth named above in connection with any such program or activity.

In the event I/we cannot be reached to make arrangements for emergency medical attention, I/we authorize the President or Vice President (or designated event supervisor) to administer or authorize the administration of emergency medical treatment in case of illness or injury to the youth named above.

In case of emergency, I can be notified at_____
(address)

_____ _____ _____
(home phone) (business phone) (cell phone)

Family Physician_____Phone_____

Medical Insurance_____Policy No._____
(name of company)

Youth's S.S. #_____Parent's S.S. #s_____ _____

Allergies_____

Date of last tetanus shot_____

All medications presently taken_____

List any previous illnesses, injuries, or special needs of which the staff or youth sponsors should be aware_____

Signature(s) of Parents/Guardians/Custodians

_____ _____

Subscribed and sworn before me this_____day of_____,20____.

Notary Public Seal

Notary Public_____
for the State of Texas

My commissions expires_____