

Consent and Medical Permission Form - 2013
Bethany Baptist Church

Child's Name _____ Date of Birth _____

Current Grade _____ Age _____

Street Address _____ Home phone _____

City _____ St _____ Zip _____

Family Physician _____ Phone _____

Family Insurance Co. _____ Insured's Name _____

Insurance Address _____

Policy # _____ Group # _____

(Check all that apply)

Past Medical History

Asthma Diabetes Heart Problem Chronic Bronchitis Chronic Sinusitis

Other _____ Date of last Tetanus _____

Allergies (please explain in detail) _____

Please list any previous surgeries _____

Attach a form with any CURRENT medications or special diet requirements.

Emergency Phone Numbers

Father's Name _____

Day # _____ Evening # _____ Cell # _____

Mother's Name _____

Day # _____ Evening # _____ Cell # _____

If parent's can not be reached, who can be notified? (Name & Phone number)

1. _____

2. _____

I hereby give my consent to the Minister and/or Sponsor in charge of the above named under age child to seek medical and/or surgical treatment and/or other medical procedures, which are required during my absence.

I understand that in such case reasonable attempts would first be made to contact me, time and conditions permitting, and that in any event, I will be notified of action take as soon as reasonably possible.

In consideration of the services that are rendered to said child named above, pursuant hereto, I agree to pay for all such services.

I also give permission for the above named child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in activities sponsored by Bethany Baptist Church, Louisville, KY. I also give permission to use my child's photograph for promotional purposes to Bethany Baptist Church, Louisville, KY.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors and employees of Bethany Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in **any** church related activity.

This authorization shall be effective until the 31st of December in the year 2013.

Parent Signature _____ Date _____