

Activity Permission and Consent To Medical Treatment

This form is good for the calendar year 2008 only.

I/We the undersigned, are the parents, the parents having legal custody, or the legal guardians of _____, a minor, and have given our consent for him/her to go with Park Hill Baptist Church Youth Group. In the event that he/she is injured while on the trip or the Park Hill Baptist Church sponsored activity and requires the attention of medical personnel, we consent to any reasonable medical treatment as deemed necessary by said medical personnel. In the event (a) treatment is called for which a physician and/or hospital personnel refuse to administer without our consent, (b) if we cannot be reached by telephone at one of the numbers indicated, or (c) if because of an emergency there is not time or opportunity to make a telephone call and it becomes necessary for one of the church staff or chaperones to give consent for us; we then agree to hold him/her free and harmless of any claims, demands, or suits for damages arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

Signatures (show relationship)

Subscribed and sworn before me this _____ day of _____ 20____.

_____ My commission expires: _____

Participant Information

This information is confidential. It is designed to use on such an occasion that your child is unable to give it to the necessary personnel when he/she is in need of medical treatment. This will help us expedite the necessary care. Please fill this form out as completely as possible.

Name _____ Phone _____ - _____ - _____

Address _____ City _____

State _____ Zip _____

Birthdate _____ Social Security # _____ - _____ - _____

Allergies _____

Current Medication _____

Date of last tetanus shot _____

Brief medical history _____

Father's name _____ Occupation _____

Home phone _____ Work phone _____

Mother's name _____ Occupation _____

Home phone _____ Work phone _____

Insurance Co. _____

Claim # _____ Group # _____

Pre-Authorized Phone # _____

Name of policy holder _____

In case of emergency call _____

Home phone _____ Work phone _____