

# Permission And Medical Consent Form

As parent or legal guardian, I hereby give permission for my child to participate in the following activity organized by First Baptist Church of Livingston, TX.

Name of Activity: \_\_\_\_\_

Full Name of Student: \_\_\_\_\_  
Last First Middle

Male/Female: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

## If Unavailable In An Emergency, Notify:

1. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Any medical or health problems which would have an effect on the student's participation in this activity? (Please circle) No Yes (If yes, please describe): \_\_\_\_\_

Name and phone number of student's physician who should be consulted in the event of emergency or medical problems involving this student: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Is student on any medication(s)? If so, Please List: \_\_\_\_\_

Are there any activities to be restricted for this student? No Yes (if yes, describe): \_\_\_\_\_

## Is there medical or hospitalization insurance which provides benefits for this child?

If so, please indicate: Name of Policy Holder: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Phone # to verify coverage: ( ) \_\_\_\_\_ Group/ID: \_\_\_\_\_

# Permission And Medical Consent Form, Continued

Other comments or suggestions from the parent/guardian concerning this child: \_\_\_\_\_

I further understand that, in the event my child requires medical or dental treatment while engaged in the activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult leader acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me. I understand that myself or my personal medical insurance will be responsible for all cost incurred from any medical emergency. I hereby give my permission to sponsors on the trip to carry out any discipline deemed necessary for my child.

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

**The State of Texas                      County of Polk**

Before me, a notary public, on this day personally appeared \_\_\_\_\_, known to me (or proved to me on the oath of) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public Signature