

# Consent and Medical Permission Form - 2008

## East Memorial Baptist Church

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Current Grade \_\_\_\_\_ Grade: June-Dec. 08 \_\_\_\_\_ Shirt Size \_\_\_\_\_  
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.*

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### 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 East Memorial Baptist Church, Prattville, AL.

*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 East Memorial 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 2008.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_