

Permission & Medical Consent Form

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

Name of Activity: Miles for Mary

Child's Full Name: _____

Last

First

Middle

Male/Female: _____ Birthdate: ___/___/___ Age: _____ Grade: _____

Name of Parent/Guardian: _____

Home Address: _____

Home Phone: () _____ Work/Mobile Phone: () _____

If Unavailable In An Emergency, Notify:

1. Name: _____ Phone: (____) _____

Contact Address: _____ Relation: _____

2. Name: _____ Phone: (____) _____

Contact Address: _____ Relation: _____

Does this child have any of the following allergies: (Please Circle) Penicillin Hay Fever
Other Drugs Insect Stings Poison Ivy, etc. Other: _____

Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in this Activity? (Please circle) No Yes (If yes, please describe): _____

State the name, address, phone number, and medical specialty of this child's family physician and any other physician who should be consulted in the event of emergency or medical problems involving this child: _____

State the name, address and phone number of this child's dentist (and orthodontist if applicable): _____

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

If so, please indicate: Name of Insurance Company: _____

Address: _____ Phone: (____) _____

Name of Policy Holder: _____ Insurance Policy Number: _____

Please indicate date of child's last tetanus shot: _____

Are there any activities to be restricted for this child? No Yes (if yes, describe): _____

Is this child on any medication(s)? If so, Please List: _____

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Please describe any dietary restrictions that this child is required to observe: _____

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 counselor 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