

**First Baptist Church
P.O. Box 1126 • 203 Spring St. • Socorro, NM 87801**

PARENTAL CONSENT AND MEDICAL INFORMATION FORM, 2011-2012

Name: _____ Age: _____ Birthdate: ____ / ____ / ____

Phone: (_____) _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Grade: _____ School Attending: _____

Parent(s) Business Phone: (_____) _____ Alternate Phone: (_____) _____

To whom it may concern:

We (I) the undersigned hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by First Baptist Church from June 1, 2011 to May 31, 2012. The undersigned does also hereby acknowledge that the said minor is presently under my care, custody, and/or control; and that we (I) have legal authority to give this authorization.

We (I) authorize the Pastor(s), staff, representatives, sponsors, attending physician, dentist, registered nurse, chiropractor, or other adult in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

We (I) also do release, acquit, discharge and covenant to hold harmless First Baptist Church, its Pastor(s), staff, Deacons, members, representatives, sponsors and property owners who allow First Baptist Church to use their land from any and all actions, damages and/or liabilities arising out of treatment of any sickness or accident incurred by said minor during church sponsored activities, and while in transit either to, during or from church sponsored activities.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home early due to medical, disciplinary, or other reasons, the undersigned shall assume all responsibility for transportation, including arrangements and costs.

The undersigned does hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Baptist Church.

We (I) understand that said minor's photographic or videographic image might be used in publications or presentations (such as newsletters, bulletins, church internet sites, flyers, computer slide show presentations, etc.) as approved by a First Baptist Church staff member or Deacon, for the promotion and reporting of events related to the ministries of First Baptist Church.

FATHER/GUARDIAN- Printed name: _____

Signed Name: _____ Date: _____

MOTHER/GUARDIAN- Printed Name: _____

Signed Name: _____ Date: _____

(Continued on reverse)

Please use black or blue ink. Do not use a pencil.

Hospital Insurance? Yes No Insurance Company: _____

Policy #: _____ Emergency Phone: (_____) _____

Name of alternate emergency contact: _____

Relation: _____ Phone: (_____) _____

Regular Physician: _____ Office Phone: (_____) _____

Does the minor wear glasses or contact lenses?: Glasses Contact Lenses Both

When did the minor last receive a tetanus shot?: _____ / _____ / _____

Does the minor have asthma?: Yes No

List any allergies the minor has. (Include any allergies to medications and the adverse reactions that occur):

If the minor is taking **any** medications or inhalers, list the medications, **their dosage, and how often the medication is taken:**

List any medical conditions the minor has:

Please mark any medications our staff and volunteers are permitted to dispense to the minor. Check the box to the **RIGHT** of the medication listed. By marking a box, we (I) authorize the staff and volunteers to give these medications as needed.

acetaminophen (eg: Tylenol) ibuprofen (eg: Advil/Motrin) antacids (eg: Tums) antihistamines (eg: Benadryl)

By signing the front of this form and initialing below, we (I) certify that all of the information provided on this form (front and back) is true, correct, complete, and in effect for the period through which this permission is valid. Any corrections or additions will be brought to the attention of First Baptist Church as soon possible. I also authorize the staff of First Baptist Church to share any of the aforementioned medical information with any volunteers, counselors or others who may need to know this information.

Father/Guardian: _____

Mother/Guardian: _____