

# Parkway Baptist Church

## Permission/Medical Release Form 2012

Name \_\_\_\_\_

Address \_\_\_\_\_

School Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Phone/Home and Cell# \_\_\_\_\_

Parent Name (s) \_\_\_\_\_

Parents' E-Mail \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Family Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Immunizations: \_\_\_ Tetanus \_\_\_ Polio Booster \_\_\_ Measles \_\_\_ Mumps

MEDICAL HISTORY (check appropriate information): \_\_\_ Asthma \_\_\_ Sinusitis  
\_\_\_ Bronchitis \_\_\_ Kidney Problems \_\_\_ Heart Problems \_\_\_ Diabetes \_\_\_ Dizziness  
\_\_\_ Stomach Upset \_\_\_ Hay Fever Other (list) \_\_\_\_\_

Childhood diseases: \_\_\_ Chicken Pox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough  
Other (list): \_\_\_\_\_

Allergies:

Foods \_\_\_\_\_

Medicines \_\_\_\_\_

Insect Stings/Bites \_\_\_\_\_

Poison Oak/Ivy/Sumac \_\_\_\_\_

Previous Operations or serious illnesses \_\_\_\_\_

Current medications (list) \_\_\_\_\_

Special Diet \_\_\_\_\_

**PERMISSION FOR TREATMENT**

To Whom It May Concern:

The undersigned does hereby give permission for my child, \_\_\_\_\_, to participate in all activities sponsored by Parkway Baptist Church, Natchez, Mississippi, for the year 2012. I release Parkway Baptist Church, Natchez, Mississippi, its agents, and employees from any claims or causes arising from or connected with transportation to and from events. I further agree that Parkway Baptist Church, Natchez, Mississippi, its agents, or employees are authorized to provide such medical treatment as may be necessary, in their judgment, during such transportation and encampment. We (I) authorize an 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 specific supervision and on the advice of any physician or dentist licensed under the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at the said hospital. The undersigned shall be liable and agree(s) to pay costs and expenses incurred in connection with such medical and dental services rendered to the above mentioned child pursuant to this authorization. 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 Parkway Baptist Church of Natchez, Mississippi.

Dated this day, \_\_\_\_\_, 2012.

Signature of Parent/Guardian \_\_\_\_\_

**THIS FORM SHALL REMAIN VALID FOR THE YEAR 2012.**

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**PERMISSION TO DRIVE/RIDE WITH OTHER STUDENTS**

I agree to allow my child to:

(check the following that you agree to)

\_\_\_ drive themselves to youth ministry events beginning at the church and going to another destination.

\_\_\_ let other students ride in the car with my child.

\_\_\_ ride with another student driving – if so, what students are they allowed to ride with: \_\_\_\_\_

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Parent/Guardian Initials and Date