

**Parkway Baptist Church  
Permission/Medical Release Form**

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Name: \_\_\_\_\_

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

School Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

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

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

**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 of: \_\_\_\_\_.

*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.*

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

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

This form shall remain valid for the year of \_\_\_\_\_.

**Permission to drive/ride**

I approve for my child to: (check the following to which you agree)

Ride in the church van or with an approved adult church member to an off campus ministry event/activity.

Ride with another student who is driving (if so, with whom are they allowed to ride).

\_\_\_\_\_  
 Drive themselves to student ministry events beginning at the church and going to another destination.

Allow other students to ride in the car where my child is the driver.

Parent/Guardian Initials and Date: \_\_\_\_\_