

Parental Consent and Medical Release Form
New Prospect Baptist Church

3911 Pulaski Hwy. Lawrenceburg, TN 38464

Jan. 1, 2018-Dec. 31, 2018

Name _____ S.S. # _____

Address _____ Age _____ Birth Date ____/____/____

City _____ State _____ Zip _____

Phone () _____ Grade _____ School _____

Father/Legal Guardian's Name _____

Mother/Legal Guardian's Name _____

Emergency Phone Numbers (at least 2) _____

To Whom It May Concern

The undersigned, as parents and/or legal guardian, do hereby give permission for _____ (participant) to attend and participate in activities sponsored by New Prospect Baptist Church. I/We, the undersigned do hereby release and forever discharge NPBC and any other supporting entity, corporation, or person providing services to NPBC from any and all claims, past, present and future, arising out of any damage or injury to said child.

On our behalf and on behalf of the participant, we authorize an adult representative of New Prospect Baptist Church to consent to medical and dental care that the participant may need for any reason or circumstances that may occur during and as a result of participation in NPBC sponsored activities. Specifically, we do hereby consent in case of an emergency to any and all medical and surgical treatments, including anesthesia and operations, which may be deemed advisable. The intent hereof is to grant authority to administer and to perform all and singularly any examinations, treatments anesthetics, operations, and diagnostic procedures which may now or during the course of the participant's care, be deemed advisable or necessary by any qualified physician.

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

Should it be necessary for the participant to return home due to medical reasons or otherwise, the undersigned will promptly pay and/or reimburse, as appropriate, all transportation costs.

The undersigned does also hereby give permission for the participant to ride in any vehicle designated by a representative of New Prospect Baptist Church.

Please list any allergies or special medical problems the participant may have on SECOND PAGE.

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Executed this ____ day of _____, 20____

STATE OF TENNESSEE/COUNTY OF LAWRENCE
Subscribed and sworn to before me, a NOTARY PUBLIC

Participant _____

this _____ day of _____, 20____

Father/Legal Guardian _____

Notary Signature _____

Mother/Legal Guardian _____

My Commission expires _____

MEDICAL INFORMATION

HOSPITAL INSURANCE: YES ___ NO ___

INSURANCE CO. & POLICY NUMBER _____

CURRENT MEDICATIONS: (list all dosages and milligrams)

BRACES _____ CONTACT LENSES _____ OTHER _____

ALLERGIES:

Foods _____ Penicillin / other drugs _____

Insect stings/bites _____ Poison sumac, oak, ivy _____

Other _____

PREVIOUS OPERATIONS AND ANY OTHER INFORMATION WE MAY NEED:

IMMUNIZATIONS: (if up-to-date, just cross through and initial)

Tetanus _____ Polio Booster _____ MMR _____ Other _____

PAST CHILDHOOD DISEASES:

Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____ Other _____

ILLNESSES: (please check those that apply and give details as needed)

Asthma _____ Bronchitis _____ Diabetes _____ Dizziness _____ Hay Fever _____ Heart Trouble _____

Kidney Trouble _____ Sinusitis _____ Stomach Problems _____ Other _____

