

# Parental Consent and Medical Release Form

## New Prospect Baptist Church

3911 Pulaski Hwy. Lawrenceburg, TN 38464

Jan. 1, 2020-Dec. 31, 2020

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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) \_\_\_\_\_

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### 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.** .....

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 \_\_\_\_\_