

**Consent and Medical Permission Form
First Baptist Church Scottsboro**

Student Name _____ Date of Birth _____
Street Address _____ Home Phone _____
City _____ St _____ Zip _____
Family Physician _____ Phone _____
Family Insurance Co. _____ Insured's Name _____
Insurance Address _____
Policy # _____ Group # _____

(Check all that apply)

Past Medical History

____ Asthma ____ Diabetes ____ Heart Problem ____ Chronic Bronchitis ____ Chronic Sinusitis

____ Other _____

Date of last Tetanus _____

Allergies (please explain in detail) _____

Please list any previous surgeries _____

Fill out information on the opposite side for CURRENT medications or special diet requirements.

Emergency Phone Numbers

Father's Name _____

Day # _____ Evening # _____ Cell # _____

Mother's Name _____

Day # _____ Evening # _____ Cell # _____

If parents can not be reached, who can be notified? (Name & Phone number)

1. _____

2. _____

I hereby give my consent to the Minister and/or Sponsor in charge of the above named under age child to seek medical and/or surgical treatment and/or other medical procedures, which are required during my absence.

I understand that in such case reasonable attempts would first be made to contact me, time and conditions permitting, and that in any event I will be notified of action taken as soon as reasonably possible.

In consideration of the services that are rendered to said child named above, pursuant hereto, I agree to pay for all such services.

I also give permission for the above named child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in activities sponsored by First Baptist Church Scottsboro, AL.

I understand that if my child fails to adhere to the guidelines provided, then he or she may be sent home at the parent(s)' expense.

I, the undersigned, do hereby verify that the above information is correct and I understand that First Baptist Church Scottsboro cannot assume responsibility for medical expenses incurred in case of an accident. I do hereby release and forever discharge First Baptist Church Scottsboro, all sponsors, and all employees of First Baptist Church Scottsboro from any and all liability with regard to my child while he or she is participating in any church sponsored activity.

Parent Signature _____

Date _____

If possible, please attach a copy of current medical insurance card.

Rev. 08/11

Current Medications

Today's Date _____

Student Name _____

Medication Name	Amount	How Often	Reason

Please list any special diet requirement: