

**Parkway Baptist Church
Permission/Medical Release Form 2010**

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 2010. 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, _____, 2010.

Signature of Parent/Guardian _____

THIS FORM SHALL REMAIN VALID FOR THE YEAR 2010.

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: _____

Parent/Guardian Initials and Date