

## 2017 – 2018 Parental Consent/Medical Treatment Form

Today's Date: \_\_\_\_\_

(Please PRINT the following information)

### Participant's Information

Participant's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female T-shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant's Cell Phone: \_\_\_\_\_ Participant's Email: \_\_\_\_\_

Twitter: \_\_\_\_\_ Instagram: \_\_\_\_\_

### Parent (Legal Guardian) Information

Resides with:  Mom and Dad  Mom  Dad  Guardian: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Cell Number: \_\_\_\_\_ Father's Cell Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(if different than above)

### Medical Contact Information

In case of Emergency Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Insurance Company or Group: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### Medical Information

List all medications *currently* taking:

Allergies, Medical Concerns, or other pertinent information: (please include what to do in case of allergic reaction)

### Medical Treatment Consent

I, the undersigned parent (or guardian), in the event medical treatment is required and I cannot be reached, give my permission to Lone Oak First Baptist Church Student Ministry (or an adult sponsor) to secure the services of a licensed physician to provide the care necessary including: anesthesia or surgical diagnosis/treatment, for my child's well-being. I agree to be responsible for the costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization, and will not hold Lone Oak First Baptist Church liable.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student:  Mother  Father  Guardian - Relationship: \_\_\_\_\_