

**Parkway Baptist Church - Student Ministries and Volunteers
Are Designated By the Abbreviation "PBC" Throughout This Entire Form.**

I (we) hereby authorize PBC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by PBC and Student Ministries.

I (we) hereby authorize PBC to transport my (our) child to or from church and or any other church related and sponsored activities and events.

I (we) hereby give permission for my (our) child to be photographed and videotaped in normal ministry settings as part of PBC activities.

I (we) hereby authorize PBC to include my (our) child in supervised water activities.

I (we) hereby authorize PBC and its acting leaders to teach and lead my (our) child in religious lessons and services which may include prayer and Bible teaching.

I (we) hereby authorize any adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

I (we) hereby do authorize any leader of PBC to dispense to my child any necessary over-the-counter medications (according to proper dosage instructions) when deemed necessary

I (we) hereby authorize any licensed physician or medical treatment center to treat my (our) child in case of an emergency in which the before named physician cannot respond.

The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we) hereby release, forever discharge and agree to hold harmless PBC and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned adult the child-participant that occur while said child is participating in any trip or activity with PBC.

Furthermore, I (we) [and on behalf of my (our) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, volunteers and agents for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I (we) hereby DO consent _____ or DO NOT consent _____ to the use of blood and or blood products under the care of a licensed physician in the case of an emergency.

The medical consent and liability waiver provisions hereof shall remain in full force throughout the current year and in effect until written notice of revocation or withdrawal is received by PBC at its office at 12465 Olive Blvd., St. Louis, MO, 63141. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

Parent/Legal Guardian **OR** Participant (age 18 or older)

Date

Relationship to participant

Notary Public Information

State of _____

County of _____

Sworn and subscribed to before me this _____ day of _____, in the year _____.

Notary Public

Medical Permission & Release Form

Student Name _____ Age _____ Birth Date _____ Grade _____

Address _____ Phone _____

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City _____ State _____ Zip _____ Sex (circle): Male Female

School Attending _____ City _____

Father _____ Work Phone _____

Mother _____ Work Phone _____

Guardian _____ Main Phone _____

In Case of Emergency and Parent or Guardian cannot be reached, please contact:

Name _____ Phone _____ Relationship _____

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Hospital Insurance Yes--- No Policy Number _____

Primary Insured _____ SS# _____

Name of Insurance Company _____

Insurance Company Phone Numbers _____

List date of last immunization: DPT _____ MMR _____ Tetanus Only _____ Polio _____

Check if student has had: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Other _____

Allergies: Foods _____

Medications _____

Insects/Bites _____

Previous Serious Illness _____ Date _____

Current Medication(s) _____

Special Diet _____

Other Important Medical Information _____
