



Parental Permission/Consent/Medical Treatment Form

Heritage Hills
Baptist Church
2987 Hwy 212 SW
Conyers, GA
30094
770.922.2027

I, the undersigned parent or guardian of _____, a minor, do hereby authorize adult workers with the youth of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon 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 said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

(Please print the following information)

Name of Participant:		Parent or Guardian:	
Address:		Participant Date of Birth:	
City:	State:	Zip:	
Swimming: My child is (check one) <input type="checkbox"/> non-swimmer <input type="checkbox"/> fair swimmer <input type="checkbox"/> good swimmer			
List known food/drug/other allergies:			

Medication taken regularly: _____			

In Case of Emergency, Please Contact:

Parent/Guardian: _____

Daytime Phone : _____ (home) Daytime Phone : _____ (work)

Mobile Phone: _____ Evening Phone: _____ (if different from others)

Doctor: _____ Phone: _____

Friend/Relative: _____ Phone: _____

Insurance Company or Group: _____

Policy Number: _____

I hereby agree to and understand all information listed on this form. Unless terminated in writing, this release shall be effective for two (2) years from the date signed. I will make the Student Ministry Office aware of any changes in regards to this information.

Signature (Parent or Guardian)

Notary: Signed before me this ____ day of _____, _____.

Notary Public: