

Medical Release/Activity Permit Form

(Consent for Medical/Surgical Care/Emergency Treatment and Child's Medical Information)

Palmcroft Baptist Church

15825 N. 35th Avenue

Phoenix, AZ 85053

Please Print

Date: _____

Name: _____ Age: _____ DOB: ____/____/____

Address: _____ Apt#: _____

City _____ State: _____ Zip: _____

School: _____ Grade: _____

Insurance Company: _____

Group Number: _____ I.D. Number: _____

Primary Care Physician: _____ Phone # (____) _____

Child's allergies, chronic illnesses, or other conditions, if any: _____

Date of Tetanus Booster: ____/____/____

Medicines being taken (or most recently taken):

Name

Dosage/Frequency

Termination Date

____ My Child may be given Tylenol

____ My child may not be give Tylenol

Parent/Guardian Information

To be filled out by an adult authorized to give consent for the above named student to participate in activities of Palmcroft Baptist Church, as well as being authorized to give permission for the above named student to receive medical attention.

Parent #1

Name: _____ Home Phone: (____) _____

Work Phone:(____) _____ Pager/Cell: (____) _____

Parent #2

Name: _____ Home Phone: (____) _____

Work Phone:(____) _____ Pager/Cell: (____) _____

Secondary contacts in the event of an emergency where the parent or guardian cannot be reached:

Name:	Phone:
1. _____	() _____
2. _____	() _____
3. _____	() _____

I, _____, as the(circle one): mother, father, legal guardian of the above named student, do hereby consent to his/her involvement in the sanctioned activities of Palmcroft Baptist Church. Furthermore, in the event that my child sustains any condition requiring medical attention (including but not limited to diagnostic procedures, surgical treatment, blood transfusions, and dental care) during or as the result of a sanctioned or Palmcroft activity, I consent to the rendering of such treatment by authorized members of the hospital staff or their designees as may in their professional judgment be necessary. I also give my consent to an authorized representative of Palmcroft Baptist Church to arrange for any care and treatment necessary to preserve the health of my child.

I understand the contents of this form and agree to all parts that I have not crossed and initialed. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I acknowledge that I am responsible for all reasonable charges in connection with the care and treatment rendered during this period and release Palmcroft Baptist Church of any liability.

Parent/Guardian Signature: _____ Date: __/__/__

NOTARY INFORMATION BELOW

On this date before me, a Notary Public, personally appeared: _____,

known to me or satisfactorily proven to be the person whose name is subscribed to this instrument and acknowledged that he executed the same. If this person's name is subscribed in a representative capacity, it is for the principle named an in the capacity indicated.

NOTARY SEAL HERE:



Notary: _____

Notary Expiration Date: __/__/__

State: _____

County: _____