

**OAKHILL BAPTIST CHURCH EMERGENCY MEDICAL PERMIT**

**Parental Consent Form/Responsibility Clause**

**Must be Notarized**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parents' Work Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Emergency Contact Number

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Family Physician/Phone

\_\_\_\_\_  
Parent(s) Name

\_\_\_\_\_  
Insurance Company/Policy Holder

\_\_\_\_\_  
Parent's Address

\_\_\_\_\_  
Policy Number

Medications/Dosage: \_\_\_\_\_  
\_\_\_\_\_

Allergies/Allergic Reactions (Foods, Medicine, etc.): \_\_\_\_\_

Major Surgery in past year: \_\_\_\_\_

Acute or chronic medical condition: \_\_\_\_\_

Physical conditions that limit activities: \_\_\_\_\_

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In case of an emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures deemed necessary to the welfare of the above named student while participating in a Oakhill Baptist Church event. It is understood that Oakhill Baptist Church personnel and medical personnel will make every attempt to contact parents, guardians or relatives listed above prior to taking any such actions. I understand that Oakhill Baptist Church cannot assume responsibility for medical expenses incurred in case of accident. I relieve Oakhill Baptist Church, its ministers and counselors from any liability with regard to my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Notary \_\_\_\_\_

County of Residence \_\_\_\_\_ Term Expires \_\_\_\_\_

**THIS FORM EXPIRES ONE YEAR FROM DATE OF PARENTAL SIGNATURE**