K – 12th Grade

First Baptist Church of Collinsville
Parental Consent for Medical Treatment / Consent to Transport

Name_____ Home Phone_____

Address_____ DOB_____

Mother_____ Father_____

Cell Phone_____ Cell Phone_____

Emergency Contact_____ Phone_____
(other than parents)

Family Physician_____ Phone_____

Insurance Company_____ Policy #_____

MEDICAL INFORMATION

Date of Last Tetanus Shot_____ Allergies_____

Anesthetics Aspirin Codeine Demerol Insect Stings IVP Dyes Morphine Novocaine Penicillin Peanut Butter Shellfish Tetanus Toxoid Other:_____

Current Medication_____

Health/Medical Conditions_____

As the parent/guardian of_____, I give my permission for him/her to participate in the student ministry activities of **First Baptist Church of Collinsville, VA.** I give my permission to **any leader, chaperone, or designated helper appointed by FBCC** as my legally authorized representative of _____ to secure, in their best judgment, the services of a physician, nurse, dentist, or other medical technician whose services may be needed to provide necessary medical care and treatment, including the administration of anesthesia, x-ray examination, performance of operations and other procedures deemed necessary in the event of a medical emergency. I will not hold FBCC or any leader appointed by FBCC responsible for any accidents/injuries that may occur to my child while participating in a church event.

_____ (Please initial) I am informed of the activities offered by First Baptist Church of Collinsville (FBCC) located at 3339 Virginia Ave, Collinsville, VA. As the parent/legal guardian of the child listed above, I hereby consent for my child to be transported by and participate in any activities provided by FBCC.

_____(Please initial) I give my permission to allow pictures and videos of my child to be used in print and on the church or website to promote and showcase student ministry activities and events.

This form shall be in effect for the following dates: **September 1, _____ – August 31, _____**

Additional Comments_____

_____

_____ _____
(Signature of Parent/Legal Guardian) Date:

_____
(Print Name)

_____
Notary Signature Date: