

Family Name _____

Date Form Completed _____

PARKWAY BAPTIST CHURCH PERMISSION SLIP / EMERGENCY RELEASE FORM

Child's Name: _____ School/Grade: _____ DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Parent(s) / Guardian(s) Name(s): _____

Home #: _____ Work #: _____

Father's cell #: _____ Mother's cell #: _____

Physician's Name: _____ Phone #: _____

Insurance Company: _____ Member SS#: _____

Policy #: _____ Group #: _____ Phone #: _____

(Please attach a copy of your insurance card to this form.)

Pertinent Medical Information (including food, drug, and environmental allergies, chronic conditions, current medications, etc.): _____

AUTHORIZATION OF CONSENT TO TREAT A MINOR

I / We _____, the parent(s) / guardian(s) of _____, a minor, do hereby authorize PARKWAY BAPTIST CHURCH, ministry leaders, servants, employees, officers and adult volunteers, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of _____, any physician or surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital.

It is understood that this authorization is given in the advance of any specific treatment or treatment or diagnosis to provide authority and power to consent to treatment or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable.

This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective for up to one year from the date of execution of this form, unless sooner revoked in writing and delivered to PARKWAY BAPTIST CHURCH.

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Witness: _____ Date: _____

NOTARY: _____ Date: _____

NOTARY SEAL/STAMP:

PERMISSION TO DISPENSE OVER-THE-COUNTER MEDICATIONS AND FIRST AID

I / We _____, the parent(s) / guardian(s) of _____, a minor, do hereby give him/her permission to take the following "over-the-counter" medications as needed for minor aches and pains, under the supervision of church personnel. All medication are to be kept in the possession of church personal.

(Circle all that apply):

Acetaminophen Antacid Benadryl Dramamine Ibuprofen Imodium Midol
Sudafed Triaminic Cough Syrup Other _____

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

PERMISSION TO TRAVEL AND PARTICIPATE

I / We _____, the parent(s) / guardian(s) of _____, a minor, do hereby give him/her permission to travel with the children and/or youth group(s) of PARKWAY BAPTIST CHURCH and to participate in all youth activities and functions. I / We understand that my/our child may be traveling via public transportation (example: bus, car, boat, van, plane, RV), and hereby recognize the inherent risk associated with the forms of travel.

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

IDEMNITY AND RELEASE OF LIABILITY

I / We _____, the parent(s) / guardian(s)

of _____, a minor, agree to *indemnify, defend, release, and save and hold harmless* PARKWAY BAPTIST CHURCH, as well as their pastors, ministers, employees, teachers, counselors, sponsors, volunteers, assistants, agents, officers and directors, from any claim, action, liability, or expense that may arise from my/our child's participation in events and activities, including but not limited to, those arising out of any medical treatment of my/our child, any travel to and from events and activities, and any use of real or personal property belonging to PARKWAY BAPTIST CHURCH, *regardless of whether the claim, action, liability, or expense arises from any act, omission, or negligence, whether active or passive, or sole or concurrent, of PARKWAY BAPTIST CHURCH, or any of their pastors, ministers, employees, teachers, counselors, sponsors, volunteers, assistants, agents, officers or directors.*

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____