



# MEDICAL CONSENT FORM

*(complete 2 forms for each child, annually)*

IN THE EVENT THAT MY CHILD, \_\_\_\_\_, becomes ill or sustains an injury while on a church-sponsored activity of the Pleasant Ridge Baptist Church, Inc., of 1015 Pleasant Ridge Rd.,

DeFuniak Springs, FL 32435, I, \_\_\_\_\_, the undersigned parent/legal guardian, give my permission to those in charge of the event to take whatever steps are deemed necessary to stop any bleeding and to administer first aid.

I, the undersigned, also consent to any X-rays, examinations, anesthetic, medical and/or dental, or surgical diagnosis and treatment and hospital care and the administration of medications which would be rendered to my child in an emergency situation, under the general and/or specialized supervision of a duly licensed physician and/or surgeon.

I understand that every effort will be made to contact me; however, it is hereby granted to the sponsors and/or leaders of the Youth Department of Pleasant Ridge Baptist Church, Inc. to authorize treatment by a physician to perform necessary medical treatment including those listed above until such time as I can be reached.

I understand further that his consent applies to ANY and ALL emergency situations.

STATE OF FLORIDA

COUNTY OF WALTON

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me \_\_\_ **OR** who produced identification \_\_\_. Type of identification produced: \_\_\_\_\_.

\_\_\_\_\_  
Signature Notary Public-State of Florida

\_\_\_\_\_  
Date

SEAL

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

Full Name of Parent(s) /Legal Guardian(s): \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Please list any SPECIAL HEALTH PROBLEMS or ALLERGIES, SURGERIES, or other pertinent information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: (Name and phone number): \_\_\_\_\_

Family Dentist: (Name and phone number): \_\_\_\_\_

IN CASE OF A MEDICAL EMERGENCY please complete the following information:

**Hospitalization Insurance** (you may attach a copy of your Insurance Card to this form.):

Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Certificate Number \_\_\_\_\_  
Name of Insured \_\_\_\_\_

**Immunizations** (you may attach a copy of your child's immunization record to this form: :

- |            |              |          |              |
|------------|--------------|----------|--------------|
| 1. Tetanus | _____ (Date) | 4. _____ | _____ (Date) |
| 2. MMR     | _____ (Date) | 5. _____ | _____ (Date) |
| 3. _____   | _____ (Date) | 6. _____ | _____ (Date) |

**List all known allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List all prescription drugs that your child takes on a regular. State the frequency and dosage of each medicine. If changes occur during the year, please let us know.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any over-the-counter medications, that your child takes regularly and how or when they should be administered or used.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Persons to be contacted in case of emergency with phone numbers, please include parent/guardian even if already listed elsewhere.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete this form—*front and back*, including having your signature notarized. Then, return it to the Youth Department at Pleasant Ridge Baptist Church, as soon as possible. There are some activities in which your minor child will not be able to participate without this completed form. Thank you!

**BE SURE TO COMPLETE BOTH SIDES OF THIS FORM**