



**2010-2011**

# GENERAL PERMISSION SLIP & MEDICAL FORM

As the parent/legal guardian of \_\_\_\_\_, permission is hereby given for my child to participate in trips and activities organized by Hunton Baptist Church, including permission to ride in any church-provided vehicle.

I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the church, trustees, pastor, associate pastor, other church staff, and volunteers, for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

I further give my consent that in my absence the above-named minor may be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

\_\_\_\_\_  
Date of Birth Date of last Tetanus Booster

\_\_\_\_\_  
Known allergies including any allergies to medicine (Continue on back of form if needed)

\_\_\_\_\_  
Any other medical problems which should be noted (Continue on back of form if needed)

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Phone Home Work Mobile

\_\_\_\_\_  
Person responsible for charges (if different from above)

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Phone Home Work Mobile

\_\_\_\_\_  
Person to notify if parent/guardian is unavailable

\_\_\_\_\_  
Phone Home Work Mobile

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

\_\_\_\_\_  
Insurance Carrier & Policy Number

\_\_\_\_\_  
Signature of Parent Date