



Please return in mail to:

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## Parent Consent & Medical History

I/We, the undersigned, parent(s) of \_\_\_\_\_, a minor, do here authorize Evergreen Baptist Church of San Gabriel Valley as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician and surgeon licensed, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given as specific consent to any all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his best judgment, may deem advisable to protect the life and health of said minor child.

This authorization is given, and shall remain effective from:

unless sooner revoked in writing and delivered to said agent(s).

Name of Activity:

Date:

Father's/Guardian's signature:

Father's/Guardian's phone:

Mother's/Guardian's signature:

Mother's/Guardian's phone:

Home phone:

Home address:

City:

Zip:

In case of emergency, relative or neighbor's name and phone number:

Medical Insurance Company:

Policy number:

Doctor's name:

Phone number:

Doctor's address:

Any allergies? (please list):

Date of last tetanus:

My child may NOT be given:

☐ Aspirin

☐ Tylenol

☐ Pepto Bismol

Any medication brought? (please list):

Special medical instructions:

## Photographic Release Form

The parent hereby authorizes Evergreen Baptist Church of San Gabriel Valley to use photos of minor(s) on forms, brochures, newsletters, videos, church web site and other promotional materials.

Signature of Parent/Guardian

Date

Print Name