

**Lindsay Lane Baptist Church, Student Ministry and Volunteers Are Designated by the Abbreviation "LLBC" throughout this entire form:**

I (we) hereby authorize LLBC to take my (our) child to the before named physicians or facility for medical treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by LLBC and Student Ministry.

I (we) hereby authorize LLBC to transport my (our) child to or from church and/or any other church related and sponsored activities and events.

I (we) hereby authorize LLBC to include my (our) child in supervised water activities.

I (we) hereby authorize LLBC and its acting leaders to teach and lead my (our child) in religious lessons and services, which may include prayer and Bible teaching.

I (we) hereby authorize an adult, in who care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

I (we) hereby do authorize any leader of LLBC to dispense to my (our) child any necessary over-the-counter medications (according to proper dosage instructions) when deemed necessary.

I (we) hereby authorize any licensed physician or medical treatment center to treat my (our) child in the case of emergency in which the before named physician cannot respond.

The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we) hereby release, forever discharge and agree to hold harmless LLBC and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child-participant that occur while said child is participating in any trip or activity with LLBC.

Furthermore, I (we) [and on behalf of my (our) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force throughout 2010 and in effect until written notice of revocation or withdrawal is received by LLBC at its office on 1300 Lindsay Lane, Athens, Alabama. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of the form.

\_\_\_\_\_/\_\_\_\_\_  
Father Date

\_\_\_\_\_/\_\_\_\_\_  
Mother Date

\_\_\_\_\_/\_\_\_\_\_  
Legal Guardian Date

.....  
Notary Public Information

Name \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010

Notary Signature \_\_\_\_\_

**Lindsay Lane Baptist Church Student Ministry**  
**1300 Lindsay Lane, Athens, AL 35613, 256-232-0020**  
**2010 Student Medical and Permission Form**

Student Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender (circle): Male Female Grade: 6 7 8 9 10 11 12

School Attending \_\_\_\_\_ City \_\_\_\_\_

Father \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Main Phone \_\_\_\_\_

In Case of An Emergency, and Parent or Guardian Cannot Be Reached, Please Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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

Family Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital Insurance: Yes No Policy Number \_\_\_\_\_

Primary Insured Name \_\_\_\_\_ SS# \_\_\_\_\_

Insurance Company \_\_\_\_\_ Office Phone \_\_\_\_\_

List Date of Immunization: DPT \_\_\_\_\_ MMR \_\_\_\_\_ Tetanus Only \_\_\_\_\_ Polio \_\_\_\_\_

Check if Student Has Had: Chicken Pox Measles Mumps Whooping Cough

Other \_\_\_\_\_

Allergies: Foods \_\_\_\_\_ Insects/Bites \_\_\_\_\_

Medications \_\_\_\_\_

Previous Serious Illness \_\_\_\_\_ Date \_\_\_\_\_

Current Medication(s) \_\_\_\_\_

Medication Instructions \_\_\_\_\_

Special Diet \_\_\_\_\_

Other Important Medical Information \_\_\_\_\_

\*Please attach a front and back copy of your insurance card to be turned in with this form.

**\*\*I (we) hereby DO consent or DO NOT consent to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.**