

OAKLAND AVENUE BAPTIST CHURCH

2823 E. Oakland Avenue / Johnson City, Tennessee 37601

Parental Consent / Medical Treatment Authorization Short Form

- Date Form Filled Out: _____
- Child's General Information:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____
Social Security Number: _____
- Parents General Information:
Father's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home/Cell Phone Number: _____
Mother's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home/Cell Phone Number: _____

- Waiver of Liability:

I/We hereby release Oakland Avenue Baptist Church, it's staff, it's membership, volunteers and chaperones from responsibility and liability for any injury or illness that my/our child may sustain during activities. In the event of an emergency, I/We hereby authorize the activity leader of Oakland Avenue Baptist Church, as agent for me/us, to consent to any x-ray exam, medical, anesthetic, dental, surgical diagnosis, treatment and hospital care advised & supervised by a physician, surgeon, nurse and dentist licensed to practice under the laws of the state where the services are rendered. I/We expect to be contacted as soon as the emergency happens. The undersigned will furnish payment and/or insurance. I/We have read the above "Waiver of Liability", agree to its provisions and give permission for my son/daughter to receive any medical treatment deemed necessary.

Parent/Legal Guardian: _____ Relation: _____

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Note to Parents about the rights of Oakland Avenue Baptist Church and on the "Eligibility for Children/Teens to Participate" in activities.

Attendance at all outings is a privilege contingent upon the cooperation of each young person with the Pastoral Staff or Church Staff of Oakland Avenue Baptist Church. Oakland Avenue Baptist Church reserves the right to dismiss any person from any activity that is found not cooperating with those that are in authority. _____ - Parents Initial