

OAKLAND AVENUE BAPTIST CHURCH

2823 E. Oakland Avenue / Johnson City, Tennessee 37601

Parental Consent / Medical Treatment Authorization Long 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: _____
 - Father's Business Phone Number: _____
 - Mother's Business Phone Number: _____
- Other people to notify other than the parents in case of emergency:
 - Name: _____
 - Relation to the Child mentioned above: _____
 - Home/ Cell Number: _____
 - Name: _____
 - Relation to the Child mentioned above: _____
 - Home/ Cell Number: _____
- Child's Physician's Information:
 - Physician's Name: _____
 - Physician's Phone Number: _____
- Child's Medical Information. List any medical problems your child may have:
 - _____
 - _____
 - _____
 - _____
- List any medications your child is currently taking:
 - _____
 - _____
 - _____
 - _____
- Health Insurance Company Information:
 - Name of Insurance Company: _____
 - Address: _____
 - City: _____ State: _____ Zip: _____
 - Phone Number: _____
 - Policy 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: _____
Parent/Legal Guardian: _____ Relation: _____

OAKLAND AVENUE BAPTIST CHURCH HIPPA PRIVACY GUARANTEE:

Oakland Avenue Baptist Church of Johnson City, TN assures the privacy of those mentioned and all information contained within this form. No information will be given out to anyone that would compromise the privacy of such. All information will be kept in a safely guarded place and will only be used when necessary.

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***

This form is to remain in the possession of the activity leader of Oakland Avenue Baptist Church during the entire activity.