

**Waiver of Liability-Medical Consent Form
For Providence Baptist Church, Charlotte NC
Children's Ministry**



_____ has my permission to participate with the
(Child's Name)
Children's Ministry from Providence Baptist Church, Charlotte, NC.

I, the undersigned parent or guardian do hereby authorize adult workers of Providence Baptist Church, Charlotte, NC as the agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act 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. I also release Providence Baptist and its staff and chaperones of liability in case of accidents while attending of an authorized event of the church.

(PLEASE PRINT)
Parents/Guardians _____ Home Phone _____
Cell Phone (F) _____
Work Phone (F) _____

Address _____ Cell Phone (M) _____
Work Phone (M) _____

Persons to Notify in Emergency if Parents/Guardians Cannot Be Reached:
1) Name _____ Phone _____
2) Name _____ Phone _____

Child's Date of Birth _____ Sex _____

Name of Medical Insurance Company _____

Policy Number _____ Child's S S Number _____

Medicine Currently Taking _____

Check the Following to Which Your Child May be Sensitive:

_____ Asthma _____ Bee Stings _____ Hives
_____ Insect Bites _____ Poison Ivy or Oak _____ Drugs

Foods _____

Other Allergies _____ Date of last Tetanus Shot _____

Date _____ Parent/Guardian _____