



Authorization to Consent to Health Care for Minor
(This Document must be signed in the presence of a Notary Public)

Name _____ Grade _____ Birthdate _____
Address _____ Zipcode _____
_____ Phone _____

Church Member YES or NO Name of Church _____

In case of emergency, notify _____ Phone _____

Additional Contact Person _____ Phone _____

Family Physician _____

Insurance Company _____

Medical Information:

Date of Last Tetanus Shot _____

Allergies _____

Current Medications _____

Other conditions the staff should be aware of _____

As the parent of legal guardian of _____, I give my permission for him/her to participate in the 180 Student Ministry activities of ***UNIVERSITY PARKWAY BAPTIST CHURCH, 219 UNIVERSITY PARKWAY, JOHNSON CITY, TN 37604, 423.926.5841.***

I give my permission to Matthew Cloyd, Family Pastor/University Parkway Baptist Church, Johnson City, TN or the authority he designates as my legally authorized representative of _____ to secure, in his best judgment, the services of physician, nurse, dentist or other person whose services may be needed to provide necessary medical care, services should include the administration of anesthesia, x-ray examination, performance of operations and other procedures necessary.

I have the capacity and understanding to communicate health care decisions and I have been fully informed and fully understand the grant of power to the named agent.

Parent/Guardian Signature: _____ Date _____

Relationship to Participant: _____

State of _____

County of _____

On this _____ day of _____, 20____, personally appeared before me, be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public

My Commission Expires:
