

Bethel AME Church

Parent Permission – Release Form

Child's Name: _____

Phone: _____

Address: _____

City, State, Zip: _____

Authorization of Consent to Treatment of Minor:

I (We), the undersigned, guardian (s) of _____ a minor, authorize Bethel AME Church, youth ministry leaders, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective through the above minor's graduation from high school, unless sooner revoked in writing delivered to Bethel AME Church.

Release of Bethel AME Church:

_____ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend Bethel AME Church, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which Bethel AME Church, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (child's name) use of real or personal property belonging to Bethel AME Church, its' agents, servants, employees, officers, and directors, or by action of omission by _____ (child's name).

Parent's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Bethel AME Church
Information Sheet

Youth Info:

Name: _____

DOB: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____

Parent #1 Info:

Name: _____

Home Phone: _____

Email: _____

Work Phone: _____

Parent #2 Info:

Name: _____

Home Phone: _____

Email: _____

Work Phone: _____

Release Info:

The following persons are authorized to pick up my child:

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Phone: _____

Phone: _____

Medical Info:

Family Doctor: _____

Doctor's Phone: _____

Insurance Co: _____

Policy or Group #: _____

Known Medical Conditions: _____

Medications/Allergies: _____

Date of last Tetanus Immunization: _____

Will you allow your child to receive a blood transfusion? (initial one) Yes _____ No _____

Does your child wear contact lenses? (initial one) Yes _____ No _____

Additional Info:

