

**PARENT INFORMATION & MEDICAL RELEASE**

I/We the undersigned, parent(s) or legal guardian(s) of the minor listed below do authorize any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any state licensed physician or dentist and hospital service that may be rendered to said minor under the general, specific, or special consent of (SHBC minister/ministry director) and/or authorized SHBC sponsor, the temporary custodian of the minor. I/We further acknowledge that any activity carries risk of incident or accident resulting in injury or possible fatality and do hereby release liability of Southern Hills Baptist Church, Tulsa, Oklahoma, its staff, and/or sponsors in case of such an occurrence. This consent shall remain effective until 12:00 midnight on the 31st day of December, 2011, unless sooner revoked in writing and delivered to (SHBC minister/ministry director) of Southern Hills Baptist Church, Tulsa, Oklahoma. Signature of all parent/legal guardians are required on this form. I/We acknowledge that it is assumed by SHBC that all parents and/or legal guardians of the stated minor have signed this form and acknowledge sole responsibility for release.

I/We also acknowledge and give consent for the minor listed below, of whom I/we hold legal custody, to participate in SHBC activities in which the following conditions may exist (Consent is acknowledged by parent(s) and/or legal guardian(s) initialing next to each condition):

I/We acknowledge that my/our child may be riding in an automobile driven by only one approved adult and no fewer than two minors; never is there to be one adult and one minor left on one in a vehicle. (initial) \_\_\_\_\_/\_\_\_\_\_

I/We acknowledge and approve of my/our child being counseled in the church office, one on one, by an approved minister of SHBC, Tulsa, Oklahoma. (initial) \_\_\_\_\_/\_\_\_\_\_

I/We acknowledge and approve of my/our child participating in over-night church activities. (initial) \_\_\_\_\_/\_\_\_\_\_

I/ We acknowledge that the likeness of my child may be taken in photo or video format for advertising or promotional purposes. I release all claims on such media to Southern Hills Baptist Church, Tulsa, Oklahoma. (initial) \_\_\_\_\_/\_\_\_\_\_

As the parent(s) or legal guardian(s) of the stated minor, I/we acknowledge that I/we have read and understand the policies and procedures on Reducing the Risk of Child Abuse of Southern Hills Baptist Church, Tulsa, Oklahoma. (initial) \_\_\_\_\_/\_\_\_\_\_

Minor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Minor's Social Security Number: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(Print) (Signature) (Date)

Parent/Legal Guardian: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(Print) (Signature) (Date)

Phone #: \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

***(Please list any allergies or other complications on back of form) NOTE: A copy of the insurance verification card for the above listed minor must be attached to form.)***

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTACH A COPY OF INSURANCE VERIFICATION CARD BELOW**