Lookout Valley Baptist Church Youth Group
23 Lilac Avenue Chattanooga, TN 37419
PARENTAL/GUARDIAN PERMISSION AND MEDICAL AUTHORIZATION FORM
FOR THE YEAR 2021

Participant Name: _____ Birth date: _____

Transportation Release

I give permission for my child (named above) to attend the events, trips, and service projects in the year 2021 associated with the Youth Group of Lookout Valley Baptist Church. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by Lookout Valley Baptist Church.

Medical Release to Treat

I hereby authorize the Youth Group leaders, volunteers, Lookout Valley Baptist Church, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child in the year of 2021. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon.

Activity Release

I further give permission for my child to participate in all activities sponsored by Lookout Valley Baptist Church in the year of 2021, except as noted:_____

_____ _____ _____

Signature of Parent or Legal Guardian **Printed name of Parent or Guardian** **Date**

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name(s)

Street Address

City State Zip

Parent(s)/Guardian(s) Email address(es)

Email address(es)

Phone Numbers	Phone Type (Home, Mobile, etc.)

Other Emergency Contact(s)

Name(s) Relationship to Participant

Health Care Information

Participant Name: _____ Birth date: _____

Physician	**Dentist**
Name	Name
Phone	Phone
Medical Insurance Company	Dental Insurance Company
Policy/Group Number	Policy/Group Number
Name of Policy Holder	Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:_____

Date of last tetanus shot_____

For your child's safety and our knowledge, is your child a good, fair or non-swimmer? _____

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):_____
_____

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child: _____
_____

Please list any medical conditions your child has: _____
_____