

Seminole Heights Baptist Church
801 E Hillsborough Ave., Tampa, Florida 33604

Student Life Ministry
Parent Consent and Emergency Medical Release Authorization

Parent Consent

I give my consent for my son / daughter, _____
to travel with Seminole Heights Baptist Church, Tampa, Florida, and to attend any official
activity and / or trip with the same group.

_____ Date _____ Signature of Parent / Guardian

Authorization for Treatment of a Minor

I give my permission for a licensed physician to perform emergency medical treatment
including, but not limited to, x-rays, medication, anesthesia, and surgery for my son / daughter

I further agree to relinquish Seminole Heights Baptist Church, Tampa, FL of all liability in the
event of accident or injury. I also assume responsibility for any resulting expense.

_____ Date _____ Signature of Parent/Guardian

Emergency Medical Information (please print)

Parents' Names: _____

Address: _____ City _____ State _____ ZIP _____

Home Phone: _____ Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Student's Date of Birth: _____ Date of last Tetanus or D.P.T.: _____

Any **medications** currently being taken:

Please list all information pertaining to **allergies, diet, medications, health conditions** or
other information necessary in an emergency situation:

Student's primary physician: _____

Physician's phone number: _____

Insurance Company: _____

Policy / Contract # _____ Phone: _____

State of Florida: County of Hillsborough

The foregoing instrument was acknowledged before me this ____ day of _____,
by _____ who is personally known to me or who has produced
_____ as identification.

**This form must be renewed annually, or
when any of the above information
changes.**

Notary Public