

# PLEASANT VIEW BAPTIST CHURCH

## Permission Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Email: \_\_\_\_\_

In Case of an Emergency

Notify: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date of Last Tetnus Shot? \_\_\_\_\_

(I/We) the Parents/Guardian of the student named on the above consent form do hereby authorize PVBC Staff/Volunteers, as agents for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which deemed advisable by and is rendered under, the general specific supervision of any physician or surgeon on medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgment may deem advisable.

I also understand that students will be in vehicles driven by volunteers of Pleasant View Baptist Church. I will not hold Pleasant View Baptist Church or its members liable in any way for any injury sustained.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Notary:

County of: **Lincoln**

State of: **Kentucky**

Subscribed, Sworn, and Acknowledged before me by:

\_\_\_\_\_ and \_\_\_\_\_

on the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public