

FULL NAME _____

Blue Valley Baptist Church

8925 W 151st St

Overland Park KS 66221

913 897 9669

**PERMISSION SLIP FOR ANY CHURCH RELATED FUNCTION &
CONSENT FOR MEDICAL TREATMENT**

The undersigned hereby grants permission for (name) _____ to attend any church related function for the period beginning *January 1, 2010* ending *December 31, 2010*. In the event there is an emergency involving your child, permission is hereby granted for Blue Valley Baptist Church personnel to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in any state, and to consent to any X-Ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by any dentist licensed to practice in any state, and church personnel shall not be held personally liable. This consent for any church related function and medical treatment shall terminate and expire on *December 31, 2010*.

STATE OF KANSAS, JOHNSON COUNTY_____
Signature of Parent or Legal Guardian
(sign in the presence of Notary Public)

Subscribed and sworn to before me

this _____ day of _____, _____

By _____
(print your name here)_____
Address

Notary Public: _____

City State Zip

My Commission Expires: _____

Telephone # **blue valley**
BAPTIST CHURCH*In case of an emergency, please provide us with the following information:*

Child's Name _____

Date of Birth _____

Parent's Name(s) _____

Home Phone _____

Mobile _____

Nearest Relative or Neighbor _____

Phone _____

Date of last tetanus shot _____

Date of measles shot _____

Family Insurance Company _____

Policy # _____

List any medication your child is regularly taking _____

List any allergies your child has _____