

Parkers Lake Baptist Church

Medical Release/Consent

2023

Parent Name: _____

Name of Minor: _____

Cell: _____ - _____ - _____ Email: _____ @ _____ .com

Allergies/Medications: _____

Insurance Name: _____

Insurance Group: _____ Insurance Phone Number: _____ - _____ - _____

We (I) authorize an adult from Parkers Lake Baptist Church, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis/treatment and hospital care. This care may be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether a diagnosis/treatment is rendered at the office of said physician or at said hospital. I understand that a reasonable attempt will be made to contact parent/guardian before diagnosis/treatment is administered, based on supplied information. I also understand that this Medical Release is intended to be valid for the calendar year, namely 2023. (If any information contained on this form should change, please notify the church secretary.)

Parent Signature: _____ Date: _____ - _____ - 2023

Parkers Lake Baptist Church
14720 County Road 6
Plymouth, MN 55447