



**New Zion
Baptist Church
Student Ministries**

Student Ministries 2021

Parental Consent & Medical Form

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Parent's Names: _____ Phone: _____

Place of Work: _____ Phone: _____

Health Insurance Provider: _____

Policy Subscriber: _____

Policy Number: _____

Insurance Provider Phone: _____

Primary Care Physician: _____

Please list ANY medical conditions on the reverse side of this form.

I designate temporary guardianship to the staff of New Zion Baptist Church Student Ministries. I authorize any staff member to consent to X-ray examination, anesthetic, medical, surgical, dental 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 dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned student member pursuant to this authorization.

I authorize New Zion Baptist Church Student ministry Staff and Volunteers to administer Tylenol or Ibuprofen should the need arise.

_____ Parent's Initials

Parent's Name: _____

Parent's Signature: _____

This medical form is valid for the 2021 ministry year.

Medical Information

DOB: _____ Height: _____ Weight: _____ Gender: _____

Fitness Level: Sedate _____ Average _____ Active _____ Athletic _____

Please note any health concerns that your child has; include allergies, asthma, seizures, etc.

Medications: _____

Do you want chaperones to keep your child's medication? _____

Permission is given for my child to use the following medications for minor injuries (circle)

Tylenol Ibuprofen Aspirin Benadryl Antidiarrheal Topical Analgesic Neosporin

Allergies: _____

Reaction: _____

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