

First Baptist Church Jackson  
**2025 PARENTAL MEDICAL CONSENT FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent(s) Cell Phone # \_\_\_\_\_

To whom it may concern: The undersigned does hereby give permission for our (my) child,  
\_\_\_\_\_, to attend and  
participate in activities sponsored by First Baptist Church of Jackson.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or 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 or a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Baptist Church of Jackson.

Insurance Company \_\_\_\_\_

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

Please list any medication your child will be bringing.

---

---

---

---

Participant _____	Date _____
Father _____	Date _____
Mother _____	Date _____
Legal guardian _____	Date _____

Please list any allergies, special needs or instructions your child may have:

---

---

---