

Twin Oaks Baptist Church
2313 Henry Road Ferrum, Va. 24088

Authorization To Consent To Health Care For Minor

Name _____ Phone _____

Address _____ Email _____

City, State, Zip _____ D.O.B. _____

Emergency Contact _____ Phone _____

Additional Contact Person _____ Phone _____

Family Physician _____ Insurance Co. _____
Policy # _____

Medical Information:

Date of last Tetanus Shot _____

Allergies _____

Current Medications _____

Pertinent health/medical conditions _____

As the parent/guardian of _____, I give my permission for him/her to participate in the student ministry activities (TFC) of **Twin Oaks Baptist Church Ferrum, Va. (540) 365-6312.**

I give my permission to **Zack Furches, Assistant/Student Pastor – Twin Oaks Baptist Church or any other youth leader, chaperone, or designated helper or authority they designate** as my legally authorized representative of _____ to secure, in their best judgment, the services of a physician, nurse, dentist, or other medical technician whose services may be needed to provide necessary medical care and treatment, including the administration of anesthesia, x-ray examination, performance of operations and other procedures deemed necessary in the event of a medical emergency.

I have the capacity and understanding to communicate health care decisions and I have been fully informed and fully understand the grant of power to the named agent. This grant of power shall be effective immediately and permanently for all events and activities sponsored by Twin Oaks Baptist Church.

I give my permission to allow pictures and videos of my child to be used in print and on the church web site to promote and showcase student ministry activities and events. (Please check box to agree.)

Parent/Guardian Signature _____ Date _____

Relationship to Participant _____