## **GERMANTOWN YOUTH MINISTRY**

Germantown Church of Christ 8723 Poplar Pike, Germantown, TN 38138 (901)754-1668

PARENTAL CONSENT FORM
Subject: Authorization for the Medical Treatment of a Minor

I give permission for
I have fully informed myself of the contents of this medical release by reading it, and the medical and insurance information I give below is accurate. This <b>Medical Release and Authorization</b> shall remain in full force and effect until written revocation is received by Joshua Adams.
Name of Family Doctor:
Doctor's Phone # office:
Medication(s) being taken (if any):
Allergies/Physical Problems of which we should be aware:
Date of last Tetanus shot:
I give my permission for you to give the following to my child, if requested: TYLENOL BENADRYL (Antihistamine) for bee stings and/or insect bites
Insurance Company: Policy #:
Policyholder's Name:
Parent's Names:
Address:
Home Phone:

me personally appeared persons) who executed the foregoing the same as his (or their) free act and	knou instrument, and acknowledged to deed.	un to be the person (or hat he (or they) executed
On this	•	
STATE OF	COUNTY OF	
WITNESS: (2)	<u></u>	
WITNESS: (1)		
DATE:		
PARENT OR LEGAL GUARDIAN:		
PARENT OR LEGAL GUARDIAN MUST THE SIGNATURE NOTARIZED.	SIGN IN THE PRESENCE OF TWO V	WITNESSES - OR - HAVE
Emergency Contact Name:	Emergency Contact Phor	ne:
Mom's Work #:	Mom's Mobile #:	
Dad's Work #:	Dad's Mobile #:	