

BELL SHOALS BAPTIST ACADEMY
2010-2011 Explorer's Club
Parental Consent and Medical Release Form

Name: _____ Social Security No. _____

Address: _____ Age: _____ Date of Birth: _____

City: _____ Phone No.: _____

Hospital insurance Yes No Policy No.: _____
Insurance Company: _____

Father or Legal Guardian's name: _____
Place of employment: _____

Mother or Legal Guardian's name: _____
Place of employment: _____

In Case of Emergency Contact:
Name: _____ Relationship: _____

Address: _____ Phone No.: _____

Child's Physician: _____ Phone No.: _____

Child's Dentist: _____ Phone No.: _____

TO WHOM IT MAY CONCERN:

The undersigned, as parent and/or legal guardians, do hereby give permission for _____ (Participant) to attend and participate in activities sponsored by Bell Shoals Baptist Academy of Brandon, 2102 Bell Shoals Road, Brandon, Florida 33511 for the period beginning August 2010 and ending June 2011.

On our behalf and on behalf of the Participant, we authorize Bell Shoals Baptist Academy to consent to medical and dental care that the Participant may need for any reason or circumstance that may occur. Specifically, we do hereby consent to any and all medical and surgical treatments, including anesthesia and operations which may be deemed advisable. The intention hereof is to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the Participant's care, be deemed advisable or necessary by any qualified physician.

The undersigned shall be liable and agree to pay all costs and expenses incurred with such medical and dental services rendered to the Participant pursuant to this authorization.

The undersigned does also hereby give permission for the participant to ride in any vehicle designated by Bell Shoals Baptist Academy. Please list any allergies or special medical problems the Participant may have: (if no allergies specify "none")

Executed this ____ day of _____, 20 ____.

or

Father or Legal Guardian

Mother or Legal Guardian

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Subscribed and sworn to before a Notary Public, this ____ day of _____, 20 ____

by: _____

who: personally known to me

Florida driver's license

other type of identification: _____

and who did did not take an oath.

(Signature of person taking acknowledgment)
NOTARY PUBLIC