MEDICAL AUTHORIZATION AND PARENTAL CONSENT FORM

2020

PLEASE TYPE OR PRINT. USING INK ONLY!

(This information must be completed, notarized and in the possession of event leader to attend)

NAME OF CHILD: _____ AGE:_____ BIRTHDAY:_____

ADDRESS: _____

HOME PHONE: _____ PARENT'S CELL PHONE: _____

NAME OF YOUR AUTHORIZED REPRESENTATIVE, WE CAN REACH IN AN EMERGENCY, IF WE CANNOT REACH YOU:

1. _____ PHONE: _____

2. _____ PHONE: _____

PLEASE READ THE FOLLOWING MEDICAL AUTHORIZATION CAREFULLY BEFORE SIGNING.

In the event that the above named child becomes ill or sustains injury while in this summer program or on any authorized and chaperoned outing from First Baptist Church, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid.

I, also, consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any duly licensed physician, surgeon, and/or dentist, whether such diagnosis or treatment is rendered at the office of said physician, surgeon, or dentist or at 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 child pursuant to this authorization.

Should it be necessary for the aforementioned child to return home due to medical reasons, behavioral problems or otherwise, the undersigned agrees to assume all transportation costs.

The undersigned does also, hereby, give permission for the above named child to ride in any vehicle designated by the adult in whose care the minor has been entrusted, provided the child is in a safety belt and, if available, a shoulder strap while attending and participating in the activities sponsored by First Baptist Church.

HOSPITAL INSURANCE ? YES ☐ NO ☐ Physician _____ Phone _____

INSURANCE CO.:_____ POLICY NUMBER:_____

(Attach copy of Insurance Card)

I. PLEASE INDICATE THE DATE YOUR CHILD LAST RECEIVED HIS/HER TETANUS IMMUNIZATION

MONTH _____ YEAR _____

II. LIST ANY ALLERGIES :

☐ FOOD _____

☐ INSECT BITES/STINGS _____

☐ PLANTS (poison ivy, oak ,sumac) _____

☐ MEDICATIONS _____

☐ ANESTHESIA _____

☐ OTHER_____

III. LIST ANY PREVIOUS OPERATIONS OR SERIOUS ILLNESSES (please describe):

_____

_____

IV. LIST ANY MEDICATIONS WHICH YOUR CHILD IS CURRENTLY TAKING:

	NAME OF MEDICATION	DOSAGE	PRESCRIBING PHYSICIAN	DATE PRESCRIBED
1.				
2.				
3.				

V. CHILDHOOD DISEASES: (check the ones your child has had)

☐ Chickenpox ☐ Measles ☐ Mumps ☐ Whooping Cough

☐ Other _____

VI. CURRENT MEDICAL PROBLEMS

☐ Asthma ☐ Sinusitis ☐ Bronchitis ☐ Kidney Trouble ☐ Heart Trouble ☐ Diabetes

☐ Dizziness ☐ Stomach Upset ☐ Hay Fever ☐ Other _____

VII. SPECIAL DIETARY REQUIREMENTS

_____

_____

I, the undersigned, do hereby give my permission for _____ to participate in the program and activities at First Baptist Church, Barnesville, GA. I, further, verify that the above information is correct and I do hereby release and forever discharge all sponsors, and First Baptist Church from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in the programs and activities of First Baptist Church. I, also, do hereby authorize the use of a photocopy of this instrument in lieu of the original.

Dated this _____day of _____, 20_____ In the State of Georgia and the County of Lamar

Signature of parent or guardian _____

Relationship to above named minor _____

On this the _____day of _____, 20____, personally appeared before me _____, personally known by me, and in my presence executed the within and foregoing Medical Authorization and Parental Consent Form.

Witness my hand and official seal this _____day of _____, 20_____.

_____ My commission expires _____.

Notary Public