



Parental Consent & Medical Authorization

2013 - 2014

Parents or legal guardian of children and youth must complete this form, sign and return it to the church by September 25, 2013. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

GENERAL INFORMATION *(please print)*

Child's Name _____ Date of Birth _____

MM DD YYYY

Parent's Name _____

Phone (H) _____ (W) _____ (Cell) _____

Child's Address _____

City _____ Zip _____

School _____ Grade _____

Parent's E-mail Address _____

Child's E-mail Address *(if available)* _____

Person(s) Authorized to Pick Up Child _____

Emergency contact *(other than parent)*:

Name _____ Relationship to child _____

Phone (H) _____ (Cell) _____

CONSENT & CERTIFICATION

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in the regularly scheduled activities of Emmanuel Baptist Church from August 2013 - August 2014 including missions, music, Sunday school, camping, sporting events, field trips, and any other activities customarily associated with a church group. Further, I certify that my child is physically fit to participate in such events. I agree to support the church's guidelines for participation in children's activities.

PHOTO RELEASE

The Emmanuel Baptist Church website does not list your child's name or other personal information. *(Please check one option below.)*

I give permission to Emmanuel Baptist Church to use my child's name and/or photo in publications, advertisements, Emmanuel Baptist Church website or news articles pertaining to Emmanuel Baptist Church activities.

I DO NOT give permission to Emmanuel Baptist Church to use my child's name and/or photo in publications, advertisements, Emmanuel Baptist Church website or news articles pertaining to Emmanuel Baptist Church activities.

Signature of Parent/ Guardian _____ Date _____

NOTE: please complete medical questionnaire on reverse side

MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that Emmanuel Baptist Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibilities as parent/guardian.

I agree to notify Emmanuel Baptist Church in the event of any health changes which would restrict my child's participation in any normal activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not believe is within the physical capabilities of my child.

Insurance Company _____

Policy Number _____ Policy Holder's Name _____

MEDICAL QUESTIONNAIRE

Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No

(explain) _____

Is your child allergic to any type of medication? Yes No

(explain) _____

Does your child require a special diet? Yes No

(explain) _____

Does your child have (or has ever had) any of the following:

Seizure disorders Asthma Heart Murmur Diabetes Hay Fever Kidney Disease

(explain) _____

Does your child have any allergies other than medical? Yes No

(explain) _____

Does your child ever sleep walk? Yes No

Can your child swim? Yes No

Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity? Yes No

(explain) _____