

# Grace Life Baptist Church | Parental Consent and Medical Authorization

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  Female  Male

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## **PARENT/GUARDIAN INFO:** *(Need two contacts)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Work #: \_\_\_\_\_

## **INSURANCE INFO:**

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

## **MEDICAL HISTORY:** *(check box to indicate appropriate information)*

Immunizations:  Tetanus  Polio Booster  Measles  Mumps  Other: \_\_\_\_\_

Health Concerns:  Asthma  Sinusitis  Bronchitis  Kidney Trouble  Diabetes  Dizziness  
 Heart Trouble  Upset Stomach  Hay Fever  Other: \_\_\_\_\_

Childhood Diseases:  Chickenpox  Measles  Mumps  Other: \_\_\_\_\_

Allergies: Food: \_\_\_\_\_

Poison sumac, oak, or ivy  \*Insect stings/bites *(\*Bee sting kit required if person is allergic to bee stings.)*

Medications: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Previous Serious Illnesses/Surgeries: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Additional info helpful to event leaders regarding your child:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Permission to Participate in Grace Life Baptist Church Activities**

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in activities, sponsored by Grace Life Baptist Church.

**Assumption of Risk**

I acknowledge that there are certain risks associated with participation in any activity or program, including transportation accidents, injuries, loss of personal items, criminal actions beyond the control of Grace Life Baptist Church or other harm that may occur to my child. I assume the risk associated with such activities and release Grace Life Baptist Church of any liability for such.

**In Case of a Medical Emergency**

It is my understanding that a church representative will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church representative to hire a doctor or other health-care professional to provide the medical services he or she deem necessary. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child’s participation in an activity. I also give my permission for church leaders to restrict my child from participation in any activity, which they have any question about for health or other reasons.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_  
**Parent or Legal Guardian** Date

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_  
**Witness (of above signature)** Date

\_\_\_\_\_  
**Witness Contact Info**

**Photocopy Health Insurance Card Here:**