

# Children's Ministry ~ First Baptist Church Haughton

105 East Washington Avenue, Haughton, LA 71037, (318) 949-2441

## Authorization, Consent, Medical Release & and Emergency Information

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

Grade level or Age: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Child lives with: \_\_\_\_\_

### In Case of Emergency & Parent or Guardian cannot be reached, please contact:

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

.....  
Child's Social Security #: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Group Policy Number: \_\_\_\_\_

Group Policy with: \_\_\_\_\_

Coverage Verification Phone Number: \_\_\_\_\_

(In the case of no medical insurance, sign below as an indication the choice to purchase emergency medical coverage has been waived and that you will personally cover your child's medical costs should he/she need medical attention.)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name and Phone Number: \_\_\_\_\_

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

List any medical, physical, or other limitations:

\_\_\_\_\_

Allergies (drug, food, insect, etc.): \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Other Important medical Information: \_\_\_\_\_

\_\_\_\_\_

In the event that \_\_\_\_\_ becomes ill or sustains an injury while participating to or from an authorized and chaperoned church event with First Baptist Church, Haughton, Louisiana, I the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and/or administer first aid. I also consent to x-ray examinations, anesthetic, medical, dental, or surgical diagnosis and treatment, including invasive procedures and hospital care as well as the administration of drugs or medicine to be rendered to my son or daughter under my legal watch care, under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.

I release the church representatives or sponsors from liability for accidental injuries on these trips or activities.

I assume all responsibility for any medical and emergency expenses associated with any accident, injury, or other incapacity, regardless of whether I have authorized such expenses.

I further understand and agree that, in the event that the above named son/daughter be involved in any non-Christian or dangerous activities, I will pay his or her expenses to be sent home immediately at the discretion of the approved sponsor and/or church representatives.

I understand that this consent will apply in all emergency situations present and future and will remain in effect until written revocation is received by certified United States Mail.

I have fully informed myself of the contents of this AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

.....  
I understand that my child, as a participant, may be photographed or videotaped, by the minister on staff or event director, during normal church events or activities, and these photos/videos may be used in promotional materials. I understand my child's name will not be included in with these photos when used.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Notary Acknowledgement:**

State of \_\_\_\_\_ County/Parrish of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/they signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

**Notary Signature:** \_\_\_\_\_

My commission expires: \_\_\_\_\_