

FIRST BAPTIST CHURCH OF GASTON PERMISSION AND MEDICAL CONSENT FORM 2021

MINOR'S NAME		BIRTHDATE		AGE
ADDRESS		CITY	STATE	
PARENT/GUARDIAN				
HOME PHONE		CELL PHONE		
PHYSICIAN		OFFICE PHONE		
MEDICAL INSURANCE COMPANY			POLICY NUMBER	
EMERGENCY CONTACT (OTHER THAN PARENT)				
HOME PHONE		CELL PHONE		
Medical History				
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Kidney	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Stomach	<input type="checkbox"/> Other	
MEDICATION:		PREVIOUS SERIOUS ILLNESS/OPERATIONS:		
Allergies				
FOOD:		INSECT STINGS/BITES:		
MEDICATION:		POISON OAK, IVY ETC:		
Parent/Guardian Information				
Mother's name		Father's name		
Address		Address		
Cell Phone		Cell Phone		
Home Phone		Home Phone		
Work Phone		Work Phone		
Email		Email		
Siblings				
NAME			AGE	
NAME			AGE	
NAME			AGE	
NAME			AGE	

1. I acknowledge that the minor above desires to participate in the programs and events or activities (hereinafter collectively referred to as "Activities") operated, sponsored or attended by First Baptist Church of Gaston (hereinafter referred to as the "Church").
2. I acknowledge and give consent for the minor above to participate in the activities and authorize the Church to transport the above minor to and from the various locations for the activities. I give permission for the above minor to ride in any vehicle deemed suitable by the adult in whose care the above minor has been entrusted.
3. I give my permission for a church staff member or leader in charge of above minor to obtain necessary medical attention in case of sickness or injury.
4. In consideration of the Church allowing the above minor to participate in activities, I do hereby release and forever discharge the Church from all actions, claims, damages, costs or damages of any nature whatsoever arising from or in connection with participation in or transportation to or from activities.
5. I acknowledge the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with any such medical and dental services rendered to the above minor pursuant to this Authorization.
6. I understand that should it be necessary for the above minor to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
7. As the undersigned, I understand it is my responsibility to update this Emergency Information as necessary.
 - I give my permission for the Church to use any photographs and/or videotapes of the above minor.
 - I do not give my permission for the Church to use any photographs and/or videotapes of the above minor.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Relationship _____ Date: _____

Notary Public

On this date person(s) who are signed above personally appeared before me in my presence and executed this authorization and medical release form.

Witness my hand and official seal this date (_____)

_____ Notary Public

My Commission Expires: _____