



(\*Attach a photocopy of insurance card front and back)

Name, Date of Birth, Address, City, State, Zip Code, Phone, Sex, Height, Weight, Name of Church, City, State, Zip Code

Health Information

Name of Insurance Company, Phone #, Policy #, Group #, Policy holder name, Doctor's name, Phone #, Dentist's name, Phone #, My Health is: (check one) excellent good fair poor, If fair or poor, please explain condition: Please list current medications taken by minor and dosage, Please list any known pre-existing conditions, Please list all known allergies, Date of last tetanus shot, Does participant wear contact lenses glasses, List any know restrictions or other special physical or dietary needs

Contact Information

Parent/guardian contact, Address, Phone (Home), (Work), (Cell), Backup contact, Address, Phone (Home), (Work), (Cell), Parent/guardian signature, Date

## PERMISSION FOR TREATMENT

Being the parent or legal guardian of \_\_\_\_\_ (*minor's name printed*) I \_\_\_\_\_ (*parent/guardian's name printed*) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctor's, dentist, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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## PARENT/GUARDIAN OF A MINOR CONSENT AND HOLD HARMLESS FORM

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ (*parent/guardian name printed*) being the parent/guardian of \_\_\_\_\_ (*minor's name printed*) have been informed of said activities, outreach and events sponsored by First Baptist Church and hereby give my consent for my minor child to participate in all activities. I understand there is the possibility of a unforeseen hazard. I further agree not to hold First Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_