



First Baptist Church

Douglas, GA

Glorifying... Growing... Going...

First Baptist Church Medical Authorization and Permission Form

Name _____ Age _____ Date of Birth _____
Address _____ City _____ St _____ Zip _____
In Case of Emergency Notify: _____ Phone Numbers – Home: _____
Work: _____ Mobile: _____ Pager: _____ Other: _____

Medical Profile

Generally, Participant's Health is: (Check One) Excellent Good Fair Poor
If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____
Check any of the following that cause you problems and explain: Asthma Sinusitis Bronchitis Kidney
Trouble Heart Trouble Diabetes Dizziness Stomach Upset Hay Fever
List any medicines or substances to which you are allergic (include food and insect allergies): _____

List any previous operations or serious illnesses _____
List any medications you are currently taking: _____

List any special diet or special needs: _____
Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other
Immunizations: Tetanus Polio Booster Measles Mumps Other
Family Physician _____ Phone _____
Insurance Co. _____ Policy # _____
Subscriber Name: _____ Subscriber Number _____ Place of Employment _____
Subscriber Occupation: _____ Work Phone: _____

Permission For Medical Treatment, Photo/Video Notice, and Release

My permission is granted for the church official, group leader, or adult chaperone to obtain necessary medical attention in case of sickness or injury to my child, _____.

Also, I understand that as a participant in church activities, my child may be photographed or videotaped during event activities and these photos/videos may be used in promotional materials.

My child, _____, has my consent and approval to participate in recreation or choir trips conducted by First Baptist Church. I have been advised that plans will be made and necessary precautions taken for the reasonable care and supervision of the children on these trips. Beyond this I shall not hold First Baptist Church or those supervising the trips responsible.

Printed Name of Parent or Guardian _____
Parent or Guardian Signature _____

Notary Acknowledgement
State of _____
County of _____

Personally appeared before me, _____, and who acknowledged that he/she executed the within instrument for the purposes therein contained. Witness my hand this _____ day of _____, 20____.

Notary Signature: _____
My commission expires: _____