

First Baptist Church of Blairsville Georgia
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YEARLY PARENTAL CONSENT AND MEDICAL AUTHORIZATION FOR MINORS

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Phone _____ Cell Phone _____

In Case of Emergency Notify _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

I understand that my child/youth will be participating in a number of activities for the calendar year 2012, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports, and other activities which the church may offer. I consent for my child to participate in these activities and to travel to and from these activities in transportation provided by volunteer drivers.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that First Baptist Church will attempt to notify me in case of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to enlist the services of a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

Health Insurance Company _____

Policy/Group # _____

Blood Type _____

Immunizations: Tetanus _____ Polio Booster _____ MMR _____

Hepatitis B _____ Other _____

Childhood Diseases: Chicken Pox ___ Measles ___ Mumps ___ Whooping Cough ___ Other ___

List All Known Allergies _____

Previous Serious Illnesses or Surgery _____

Current Medication _____

Special Diet _____

ATTACH A COPY OF HEALTH INSURANCE CARD (FRONT & BACK)

