



2025 Annual

Parental Consent, Certification, and Medical Authorization

PLEASE ATTACH A COPY OF MEDICAL INSURANCE CARD

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Known Allergies, Medical Conditions: \_\_\_\_\_

Medications or drugs taken regularly: \_\_\_\_\_

Please List Any OVER THE COUNTER Medications your child CANNOT take: \_\_\_\_\_

LOCAL relative or friend to notify in case of an emergency and we cannot locate parent:

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

Is your child/student presently being treated for an injury or sickness or taking any medication? YES [ ] NO [ ]

If yes, please explain. \_\_\_\_\_

Does your child/student currently have or ever had the following: (Circle and explain below.)

- Asthma Hay fever Kidney disease Diabetes Heart murmur Seizure disorders Sleep Disorders Other

Please explain: \_\_\_\_\_

Child/Student blood type \_\_\_\_\_ (if known)

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, I authorize the church to seek professional medical care for my child. I give my permission to the doctor or other health-care professional to provide necessary medical services. I will pay for any medical expenses incurred. I will notify the church if I feel there are any health considerations that would prevent my child's participation in an activity. I also give my permission for church leaders to restrict my child from participation in any activity which they have any question about for health or safety reasons.

If a dispute over this agreement or any claim for damages arises, the process for reporting and resolution as outlined in the North Shelby Baptist Church Child Protection Policy shall be followed.

Signature of Parent or Legal Guardian

Date