



## 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