

PERMISSION SLIP and MEDICAL TREATMENT AUTHORIZATION FORM

(to be used for camps, mission trips, etc that last more than two days)

I, _____, am the parent or legal guardian of

_____ (hereinafter "my child"), who was born on _____.

My child is attending and participating in an activity of First Baptist Church, Springfield, Missouri, (hereinafter "FBC"). That activity is a _____ located at:

_____ beginning on the day of _____ and running through the day of _____.

I give permission for my child to attend and participate in this activity, and entrust my child to the care and supervision of FBC. I understand that there are risks involved in taking part in recreation activities and other activities related to participation in youth functions. I have and do hereby release FBC and its pastors, officers, employees or agents from liability associated with my child's participation in this activity.

I hereby authorize FBC and its pastors, officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this _____ into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist for my child. The authority granted by this authorization includes the release of my child's medical information, as listed below, to appropriate medical or dental personnel and/or health coverage insurance company.

I further authorize FBC and its pastors, officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this _____ to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the FBC and its pastors, officers, agents, servants, or employees that are 18 years of age or older who supervise the activities at this _____.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the FBC supervisor of the activity (or his/her authorized designee) to make decisions in the exercise of his/her best judgment, upon advice of such physician, dentist, and/or surgeon, that the FBC supervisor (or his/her designee) may deem advisable. I further understand that if I do not have medical insurance for my child, I, as the parent or guardian, will be responsible for any medical or dental expenses in the event of a sickness or injury.

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Dated: _____, 201__.

Signature of Parent or Guardian

Notary Attestation (if required by FBC):

STATE OF MISSOURI _____)

COUNTY OF _____) ss.

On this ___ day of _____, 201__, before me personally appeared _____ to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the above stated county in the State of Missouri, the day and year first above written.

My Commission Expires:

Notary Public

Additional Information to be completed by Parent/Guardian (Please Print):

Name of Parent/Guardian: _____

Street Address: _____ City _____ State _____ Zip _____

Home Phone No. _____ Work Phone No. _____ Cell No. _____

Medical/Health Insurance Company _____ Insurance Policy No. _____

In case of emergency, notify _____ phone _____ Relationship to Child _____

Secondary emergency contact to notify: _____ Cell No. _____

Relationship to child: _____

Allergies/Allergic reactions of my child _____

Medicine being taken by my child _____

Other information regarding my child's health that a doctor should know (write on back of this page as needed):
