



Authorization for Emergency Treatment | Photo/Media Release | Disciplinary/ Transportation Agreement

To be filled out by parent or adult guardian – Please print in ink.

IDENTIFICATION:	
Full Name of youth:	Date of Birth:
Name of Mother:	Age:
Name of Father:	Gender:
Home Address:	Grade:
City, State, Zip:	Phone Numbers: (H) (C)
Email:	Work Phone number(s):
Medical Information	
Name of Personal Physician:	Dr. Phone:
Medical Insurance Information Company:	Contact Phone:
Policy number:	Group number:
If person named above is not available in the event of an emergency, notify:	
Name:	Phone:
Relationship:	
Name:	Phone:
Relationship:	

Health History

Please check all items that apply, past or present, to this child's health history. Please explain any "YES" answer.

ALLERGIES:	Yes	No	Explain		Yes	No	Explain
Food / Medicines				High Blood Pressure			
Insects/Plants				Kidneys or urine			
GENERAL INFORMATION				Albumin			
ADD/ADHD				Sugar			
Appendicitis				Infection			
Asthma				Bed-wetting			
Back/limbs/joints				Menstrual problems			
Bleeding Disorders				Nervous Condition			
Cancer/leukemia				Nose/Sinus			
Chest/Lungs				Rheumatic fever			
Contact Lenses				Serious Illness			
Convulsions/seizures				Serious Injury			
Deformity				Skin/Glands			
Dentures/Bridge				Sleep Walking			
Diabetes				Stomach/Bowels			
Ears/Eyes				Surgery			
Fainting Spells				Teeth/Tonsils			
Heart trouble/murmur				Other			
Hemophilia							

Medications given daily _____

Medications as needed _____ Date of last Tetanus _____

List any physical or behavioral conditions that may affect or limit full participation in activities; be specific on limitations. _____

List any equipment needed such as wheelchair, braces, glasses, contact lenses, etc. _____

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Please initial EACH statement:

_____ I, the undersigned parent or guardian of _____, do hereby give the responsible Adult representative from Roswell Street Baptist Church the authority to secure any necessary medical and/or surgical treatment, including transport, anesthesia, for my child in the event of an emergency due to sickness or accident at any scheduled activity or travel to and from such activity.

_____ I understand that, in the event of illness or accident where medical treatment is required, every effort will be made to contact my family doctor and/or me.

_____ I also agree to reimburse Roswell Street Baptist Church for any expense incurred for the medical or surgical treatment, drugs, etc.

_____ I will take full responsibility, to notify Roswell Street Baptist Church in writing of changes in the medications, allergies, medical problems, or other pertinent information (such as phone numbers, insurance company, family doctor, emergency contacts, etc.) contained in this form.

_____ I also give full authority to the children's ministers, student ministers, or responsible adult sponsor(s) to discipline my son or daughter as deemed necessary, excluding physical discipline and in accordance with church policy. If my child's behavior is repeatedly disruptive to or endangers the safety of the group, I understand that I will be contacted regarding the behavior and will further be responsible for their transportation home as well as any cost incurred for the return trip should this action become necessary.

_____ I consent that the photographs and/or motion picture or videotape for which my child posed, and/or audio recordings made of their voice may be used by Roswell Street Baptist Church Staff, their assignees or successors, in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates, and tapes are the property of Roswell Street Baptist Church, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

_____ I, the undersigned parent or guardian consent to _____, being transported to or from church-sponsored events or outings and agree to **hold harmless** Roswell Street Baptist Church in connection with such transport. I understand and authorize that my youth (child) may be transported by church staff or other volunteers.

To the best of my knowledge, the information on this form is accurate and complete. I give my permission for full participation in Roswell Street Baptist Church programs subject to limitations noted herein.

PARENT or GUARDIAN, PLEASE SIGN BELOW IN THE PRESENCE OF A NOTARY: STATE OF GEORGIA/ COBB COUNTY

Parent or Guardian Printed

Parent or Guardian Signed

Date

Personally appeared before me, _____ on this _____ day of _____, _____
(Day) (Month) (Year)

Notary Public _____

Notary Seal

I attest that the previous has been reviewed and is still accurate.

Parent or Guardian Printed

Parent or Guardian Signed

Date

Personally appeared before me, _____ on this _____ day of _____, _____
(Day) (Month) (Year)

Notary Public _____

Notary Seal