

Name of Event \_\_\_\_\_

**SOUTHSIDE M.B. CHURCH**

**PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM**

**Participant Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

I give permission for my child (named above) to attend the events, field trips, and service projects associated with Southside M.B. Church Youth Group. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by Southside M.B. Church.

**Medical Release**

I hereby authorize the Southside Official staff, Youth Group leaders, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child. In the event of an emergency.

**Custody Release**

I further authorize the Southside M.B. Church 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 said adult.

**Activity Release**

I further give permission for my child to participate in all supervised activities except as noted:

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**                      **Printed name of Parent or Guardian**                      **Date**

**EMERGENCY CONTACT INFORMATION**

**Parent(s)/Guardian(s)**

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                      State      Zip

Phone Numbers	Phone Type (Home, Mobile, etc.)

\_\_\_\_\_  
Parent(s)/Guardian(s) Email address(es)

\_\_\_\_\_  
Youth Members Email address(es)

Name of Event \_\_\_\_\_

**Other Emergency Contact(s)**

Phone Numbers

Phone Type  
(Home, Mobile, etc.)


Name(s) \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

HEALTH CARE INFORMATION

Participant Name: \_\_\_\_\_

**Physician**

**Dentist**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Dental Insurance Company

\_\_\_\_\_  
Policy/Group Number

\_\_\_\_\_  
Policy/Group Number

\_\_\_\_\_  
Name of Policy Holder

\_\_\_\_\_  
Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in Southside M.B. Church group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

Name of Event \_\_\_\_\_

Medical Treatment Authorization

I understand that the church will attempt to notify me in case of a medical emergency involving my child. If the church staff cannot reach me, I authorized the church medical staff to provide medical staff to provide medical services he or she deem necessary. **I will pay for any medical expense incurred in this treatment.** I will notify the staff if I feel there any health considerations that would prevent my child's participation in any activities. I also give my permission for staff to restrict my child from participating in any activity if they should doubt my child's ability or safety while participating.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Indemnity and Waiver of Claim**

I, the undersigned, the Parent/Legal Guardian of \_\_\_\_\_  
Hereby agree to indemnify and hold harmless Southside M.B. Church, youth leaders, its volunteers, pastor, its official staff, the individual members thereof, from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of the above mentioned activity, as a condition of the child participating in the same.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Information provided on this form will be kept strictly confidential.