



**CALVARY BAPTIST CHURCH**  
**STUDENT MINISTRY**  
**Medical Authorization and Information Form**

Valid for One year from Notarized Date

Students Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

1) List all allergies from which your student may suffer (food, drugs, insects, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Is your student diabetic? \_\_\_\_\_ Does he/she take insulin? \_\_\_\_\_

3) Is your student taking any type of medication? \_\_\_\_\_

If so, for what? \_\_\_\_\_

How often? \_\_\_\_\_

4) Has your student ever had surgery? \_\_\_\_\_

If so, for what? \_\_\_\_\_

5) Does your student have any chronic disease or illness (blackouts, fainting, epilepsy, etc.)?

\_\_\_\_\_ If so, please describe in detail: \_\_\_\_\_

\_\_\_\_\_

6) When was your student vaccinated for tetanus? \_\_\_\_\_

7) Family physician: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

8) In the space below, please provide any additional important medical or other information concerning your student which may help our staff minister to him or her more effectively.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your student covered by medical insurance? \_\_\_\_\_

If yes, which insurance company? \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

(Please attach a copy of your insurance card.)

(FILL IN REVERSE SIDE OF FORM)

In the event of a change in the medical condition of my student, I will notify in writing the Youth Minister of Calvary Baptist Church prior to my students participation in future events.

I understand that I can revoke this medical authorization at any time upon notice in writing to the Youth Minister.

I hereby give permission to the physician selected by an adult sponsor of Calvary Baptist Church to secure proper treatment (including hospitalization and surgery) for my child.

\_\_\_\_\_

\_\_\_\_\_

Signature of parent or Legal Guardian

Date

The State of Louisiana

The Parish of Orleans

This instrument was acknowledged before me by the said \_\_\_\_\_

on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Notary Public

State of Louisiana

Commission Expires: \_\_\_\_\_

**Appearance Clause (optional)**

I understand Calvary Baptist Church from time to time produces promotional material about its events. I understand that my child may be included in video or photographs taken at the youth events. I hereby grant Calvary Baptist Church the right to photograph and/or video tape my child and further utilize participants name, face, likeness, voice and appearance as part of the event and in advertising and promoting the event, without reservation or limitation. In granting this license, I understand that Calvary Baptist Church is under no obligation to exercise any of its rights, license and privileges herein granted by participant.

I have read the Appearance Clause and sign in agreement.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_