



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: _____