

# MACEDONIA BAPTIST CHURCH

P.O. BOX 474, HIAWASSEE, GA 706-896-2424

WWW.MBCHIAWASSEE.ORG

## PARENTAL CONSENT AND MEDICAL AUTHORIZATION FORM FOR MINORS

VALID AUGUST 1, 2017 - JULY 31, 2018



Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender M F

Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers:

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Other Emergency Contact # \_\_\_\_\_

### MEDICAL INFORMATION

Tetanus shot current? Yes No

Please list any information we might need to be aware of regarding the physical condition of your student or write "None":

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

List **ALL** known allergies or write "None": \_\_\_\_\_

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

Current Medications or write "None": \_\_\_\_\_

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

### INSURANCE INFORMATION

(PLEASE STATE "NONE" IF YOU DO NOT HAVE INSURANCE)

Insured Policy Holder Name: \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Phone \_\_\_\_\_

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

As the parent/guardian,

- I hereby grant consent for my student to go on and participate in sponsored activities and events with Macedonia Baptist Church under the supervision of its adult leaders provided by the church and to travel in church provided vehicles when necessary.
- I further authorize the leaders to act on my behalf in the event of an emergency if it is not possible to contact us for some reason. It is not my desire that any needed medical attention be denied my child, or be delayed if to do so would jeopardize his/her best health interest because of an inability to make contact with us.
- By affixing my signature below, I do hereby agree to hold harmless and indemnify Macedonia Baptist Church of Hiawassee, GA., Inc. and all agents and representatives from any and all claims of losses, injuries or damages, that may result from my child's participation in any activity or event sponsored by Macedonia Baptist Church and I further agree to waive any rights of legal action against Macedonia Baptist Church, its employees or agents.
- To the best of my knowledge, the insurance and medical information listed above is correct, current, and complete. I agree to complete a new form in the event there are any changes in contact, medical, or insurance information.
- I consent for my student's photograph to be published on the MBC website, social media pages, or in other church publications.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date