

# First Baptist Church

J E F F E R S O N C I T Y T E N N E S S E E

*Breaking down barriers to proclaim the love of Christ*

## YOUTH MINISTRY CONTACT & MEDICAL CONSENT FORM

### YOUTH INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER (HOME): \_\_\_\_\_

PHONE NUMBER (CELL): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### PARENT(S)/GUARDIAN(S) INFORMATION

NAME(S): \_\_\_\_\_

RELATIONSHIP TO YOUTH: \_\_\_\_\_

ADDRESS (ONLY IF DIFFERENT): \_\_\_\_\_

PHONE NUMBER (HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_

PHONE NUMBER (CELL): \_\_\_\_\_ (WORK): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### INSURANCE INFORMATION

\*Attach a copy of your insurance card to this form

INSURANCE CO.: \_\_\_\_\_ GROUP #: \_\_\_\_\_ POLICY #: \_\_\_\_\_

CARDHOLDER: \_\_\_\_\_ RELATIONSHIP TO CARDHOLDER: \_\_\_\_\_

INSURANCE CO. ADDRESS: \_\_\_\_\_

INSURANCE CO. PHONE: \_\_\_\_\_



## PERSONAL MEDICAL INFORMATION

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or Special Instructions (allergic to certain meds, rare blood type, wears contact lenses, etc):

---

---

---

---

List all medications taken on a regular basis:

---

---

---

List all operations/serious injuries and dates within the past 5 years:

---

---

---

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

**Emergency Authorization** - I hereby give permission to medical personnel selected by the First Baptist Church Jefferson City staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions. *(continue on next page)*



**General Participation** - I understand that this release form covers all events and programs of First Baptist Church, although additional forms may be required for occasional events (e.g. youth camps, etc).

**Transportation** - I give permission for my child to be transported during First Baptist Church events on First Baptist Church vehicles.

\_\_\_\_\_ **ACCEPT** \_\_\_\_\_ **DECLINE**

**Photo/Video/Audio** - I give permission for my child to be recorded by photo, video, and/or audio at any First Baptist Church events, and for First Baptist Church to use my child's image, likeness, and/or voice in First Baptist Church publications.

\_\_\_\_\_ **ACCEPT** \_\_\_\_\_ **DECLINE**

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**The following should be completed by the notary witnessing parent/guardian's signature.**

The State of \_\_\_\_\_ the County of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared

\_\_\_\_\_ known to me (or proved to me on the oath of \_\_\_\_\_)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_,

A.D. \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

