

SPRINGFIELD FIRST BAPTIST CHURCH
2012 AUTHORIZATION FOR MEDICAL CARE

(Effective: November 14, 2011 –December 31, 2012)
(Effective for one activity only unless notarized by a commissioned notary public)

This authorization is for _____

During his/her travel and participation to all Youth Activities from November 14, 2011-
December 31, 2012 with First Baptist Church:

In case of sudden illness or accident to the above named person requiring immediate treatment or surgery, a sponsor from First Baptist Church can take such action as seems appropriate to protect the health and physical well-being of my child.

This authority extends to any physician or surgeon to perform whatever medical or surgical procedure is necessary to preserve the life or well-being of the above participant.

I further grant approval for the above minor to participate in all activities conducted during the trip including photographs or videos taken to be used by First Baptist Church.

I further state that the above named minor is in good health and requires no special care or medication except as listed below.

Does the above named requires special care or medication? Yes ___ No___.

If yes, list below any medication or any allergies:

Are special medications are being sent with student to meet his/her needs during this period?
Yes ___ No___

If so, please list here: _____

Parent or Legal Guardian's Name: _____

Phone Number: Home (_____) _____ | Work (_____) _____

Mobile (_____) _____

Please list someone who does not live with you to call in case of an emergency.

Name: _____ Phone: (_____) _____

Relationship to you: _____

(Continued on reverse side)

INSURANCE INFORMATION

Do you have hospitalization insurance? Yes ___ No ___

Name of Insurance Company: _____

Policy/Group number: _____

Name of Policy Holder: _____

SIGNATURES

I have read and agree to abide by the 'Youth Guidelines' set forth by the First Baptist Church of Springfield (Youth Guidelines available at FBC Springfield Office & www.AntiochU.org)

Date: ___/___/___ Student Signature _____

Date: ___/___/___ Parent or Guardian Signature _____

Subscribed and sworn to before me this ___ day of _____ 20___.

_____ Notary Public

My commission expires on _____ 20___.