

First Baptist Church Naples
2018-2019 Medical Authorization Form

Student Information:

Name: _____ Grade: _____
Date of Birth: ____/____/____ Age: _____ Gender: _____
Address: _____
Home Phone: _____ **Email: _____

Emergency Contact Information:

Parent/Guardian: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Secondary Contact: _____
Home Phone: _____ Work Phone: _____ Cell: _____

Insurance Information:

Insurance Co: _____ Group #: _____ Policy #: _____
Cardholder: _____ Relationship to Cardholder: _____
Insurance Co Address: _____
Insurance Co Phone: _____

Personal Medical Information:

Physician's Name: _____ Phone: _____
Does your child routinely take prescription medications? Yes No
Is his/her tetanus vaccination or booster current? Yes No
Please indicate any allergies or physical limitations: _____

Please explain and illnesses (past or present) that we should be aware of:

I hereby authorize any adult youth worker acting as an agent for First Baptist church, Naples to be the Limited Guardian for _____, my minor child, on any church related trips. This Limited Guardianship is for the specific purpose of procuring medical attention for my minor child in emergency situations. This authorizes the above named child because of the nature of the emergency, there is not time to contact me or any other natural guardian of the child. I further authorize the above named person to do any of the acts without permission of other order of any court and without specific bonds unless mandatory by law. In consideration of the possible injuries, which could occur in this event, I hereby release all participating groups and persons officially connected with this event from any and all liability for any injury or damages whatsoever arising from any participation in this event.

(Signature)

(Date)