

## First Baptist Church Naples 2019-2020 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)