



Authorization for Emergency Treatment And Disciplinary Agreement

I, the undersigned parent or guardian of _____, do hereby give the responsible Adult representative from Harmony Baptist Church the authority to secure any necessary medical and/or surgical treatment for my child in the event of an emergency due to sickness or accident at any scheduled activity or travel to and from such activity.

I understand that, in the event medical treatment is required, every effort will be made to contact my family doctor and/or me. However, if neither can be reached or the situation demands immediate attention, I give my permission to the responsible adult sponsor(s) to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. I also agree to reimburse Harmony Baptist Church for any expense incurred for the medical or surgical treatment, drugs, etc.

If my child's behavior is repeatedly disruptive to or endangers the safety of the group, I give the ministers or sponsor(s) my permission to send him/her back home, after my son/daughter has called me and notified me as to the reason he/she is being sent home. I agree further to pay the cost of this return trip should this action become necessary.

Parent Signature _____ Date _____

IDENTIFICATION:	<i>To be filled out by parent or adult guardian – Please print in Ink.</i>
Full Name of Student:	Date of Birth:
Name of Mother: Primary Contact? YES NO	Age:
Name of Father: Primary Contact? YES NO	Gender:
Primary Address:	Grade:
City, State, Zip:	Primary Contact Phone: (H) (C)
Email:	Work Phone number(s):

MEDICAL INFORMATION	
Name of Personal Physician:	Dr. Phone:
<u>Medical Insurance Information</u> Company:	Contact Phone:
Policy number:	Group number:
<i>If person named above is not available in the event of an emergency, notify:</i>	
Name:	Phone:
Relationship:	
Name:	Phone:
Relationship:	

HEALTH INFORMATION

Please check all items that apply past or present, to this child's health history.

Please explain any "YES" answers.

ALLERGIES:	No	Yes	Explain		No	Yes
Food / Medicines				Diabetes		
Insects/Plants				Ears/Eyes		
GENERAL INFORMATION				Fainting Spells		
Appendicitis				Heart trouble/murmur		
Asthma				Hemophilia		
Back/limbs/joints				High Blood Pressure		
Bleeding Disorders				Nose/Sinus		
ADD/ADHD				Serious Illness		
Cancer/leukemia				Serious Injury		
Chest/Lungs				Surgery		
Contact Lenses				Teeth/Tonsils		
Convulsions/seizures				Nervous Condition		
Deformity				Menstrual problems		
Dentures/Bridge				Skin/Glands		
Kidneys or urine				Sleep Walking		
Albumin				Stomach/Bowels		
Sugar				Other:		
Infection						
Bed-wetting						

Medications given daily _____

Medications as needed _____

List any physical or behavioral conditions that may affect or limit full participation in activities; be specific on limitations.

Date of last Tetanus _____

List any equipment needed such as wheelchair, braces, glasses, contact lenses, etc.

To the best of my knowledge, the information on this form is accurate and complete. I give my permission for full participation in Harmony Baptist Church programs subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of the adult in charge from Harmony Baptist Church and judgment of medical personnel dictates. I also agree, and take full responsibility, to notify Harmony Baptist Church in writing of changes in the medications, allergies, medical problems, or other pertinent information (such as phone numbers, insurance company, family doctor, emergency contacts, etc.) contained in this form.

Notary

PARENT or GUARDIAN, PLEASE SIGN BELOW IN THE PRESENCE OF A NOTARY:

STATE OF GEORGIA/ _____ COUNTY

Parent or Guardian _____ *Date*

Personally appeared before me, _____ on this _____ day of _____,
(Parent or Guardian) *(Day)* *(Month)* *(Year)*

(Notary Public)
I attest that the previous has been reviewed and is still accurate _____ DATE

Notary _____

I attest that the previous has been reviewed and is still accurate _____ DATE

Notary _____

I attest that the previous has been reviewed and is still accurate _____ DATE

Notary _____

Please place notary stamp or seal here.

PERMISSION FORM

As a parent/legal guardian of _____, I have reviewed the information about the activities listed below, and give permission for the subject of this release to be involved in the overall activities. I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense. I/We understand all reasonable safety precautions will be taken at all times by Harmony Baptist Church Children's Leaders and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/ We agree not to hold Harmony Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Activity: _____ Parent/Guardian Signature: _____ Date: _____

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Activity: _____ Parent/Guardian Signature: _____ Date: _____

Activity: _____ Parent/Guardian Signature: _____ Date: _____

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Activity: _____ Parent/Guardian Signature: _____ Date: _____

PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FOR MINORS

NAME OF PARTICIPANT: _____
(Last) (First) (Middle)

NAME OF PARENT/GUARDIAN: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: (_____) _____ Email: _____

I, Parent/Guardian of _____, hereby consent that the photographs and/or motion picture or videotape for which s/he posed, and/or audio recordings made of her/his voice may be used by Harmony Baptist Church, their assignees or successors, in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates, and tapes are the property of Harmony Baptist Church, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

SIGNATURE: _____ DATE: _____
(Parent or Guardian)

PRINTED NAME: _____

ADDRESS: _____

PHONE NUMBER: _____