

South Main Baptist Church
4100 Main Street Houston, Texas 77002
MEDICAL AUTHORIZATION FORM

I give my permission for _____
(name of student)

to take part in various church-sponsored youth trips, outings and camps. I further give my permission for the church representative or sponsors to the trip or activities to secure needed medical treatment in the event that I cannot be reached for such permission. I release the church representatives or sponsors from liability for accident or injuries on these trips or activities.

Term of authorization: _____ Gender: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Name of Parent or Guardian: _____

Phone # Parent or Guardian: (Day) _____ (Night) _____

Other Emergency Numbers: _____

Social Security Number: _____

Medical Insurance Co.: Policy #: _____

Family Physician: _____ Phone number _____

Allergies, Medical Conditions, Medications: _____

Please include copies of all current insurance cards on separate sheets with this release

As a parent or guardian, I hereby authorize and direct the treatment by a qualified and licensed medical doctor of the above named minor child in the event of a medical or dental emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement or physical impairment, or cause undue pain and discomfort if delayed.

This authority will be exercised only after a reasonable effort has been made to reach me. I, hereby, accept and assume all risks of injury associated with the activities of South Main Baptist Church.

Signature of parent or guardian: _____ Date: _____

THE STATE OF TEXAS
COUNTY OF HARRIS

This document was acknowledged before me on this _____ day of _____, 20_____

Notary Public in and for The State of Texas