

FIRST BAPTIST CHURCH
1240 Russell Street
Orangeburg, South Carolina 29115
Phone: (803) 536-1545 Fax: (803) 536-2270

2019 ANNUAL PARENTAL CONSENT & MEDICAL AUTHORIZATION

Parents and legal guardians of children are asked to complete this form and return it to the church. The information is designed to assist the church in providing for the safety of your child during church-sponsored activities. Its consent is considered confidential and will be used only by those adults who have charge of activities in which your child participates.

General Information (please print)

Last Grade Completed: _____

Individual's Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Individual's Gender: ☐ MALE ☐ FEMALE

Individual's Hair Color: _____ Eye Color: _____ Height: _____

Individual's Cell Phone: _____ Individual's Email Address: _____

T-Shirt Size:(please circle one) Youth: S M L XL Adult: S M L XL

Parent/ Guardian Name: _____ Work Phone: _____

Parent/ Guardian Email Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact 1: _____ Relationship to Individual: _____

Phone Number: _____

Emergency Contact 2: _____ Relationship to Individual: _____

Phone Number: _____

Individual's Physician: _____ Physician's Phone #: _____

Individual's Insurance Carrier & Policy Number: _____

Name of Primary Insured: _____

Health History (please check all that apply)

☐ Asthma ☐ Seizure Disorders ☐ Emotional/ Behavioral Disability

☐ Cardiac Disorders ☐ Digestive Disorders ☐ Sleep Disturbances

☐ Diabetes ☐ Motion Sickness ☐ Vision/ Hearing Impairment

☐ Mental Illness ☐ Physical Disability ☐ Appliances (retainers, contact lens)

☐ Allergies: _____

☐ Other: _____

If any of the above are checked, please give details: _____

Date of last Tetanus Shot: _____

Does the individual require a special diet? ☐ Yes ☐ No

If yes, please explain: _____

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Does the individual use an inhaler? ☐ Yes ☐ No

Is the individual taking a prescription or non-prescription medication? ☐ Yes ☐ No

If yes, please answer the following:

1. Medication: _____

Dosage & Frequency of dosage: _____

2. Medication: _____

Dosage & Frequency of dosage: _____

3. Medication: _____

Dosage & Frequency of dosage: _____

I, _____, give permission for FBC Orangeburg to use photos and/or video of myself and/or my child on their website, for advertising/promotion, and/ or for screen presentations.

Swimming Assessment:

Please check the level of swimming ability.

___ NO Swimming Experience

___ Completed Beginner Swimming

*date completed & Instructor: _____

___ Completed Intermediate Swimming

*date completed & Instructor: _____

___ Other, please explain: _____

STATEMENT OF CONSENT

I, the undersigned, parent or legal guardian of _____ do hereby consent to any x-ray exam, anesthetic, medical diagnosis or treatment and hospital services that may be rendered to said minor, under the general or specific instructions of _____ (name of child's physician) or, if unavailable, to on-call physicians at a hospital or clinic. It is understood that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child, in my absence, and said physician to exercise their best judgment as to the requirements of such diagnosis or said medical treatment.

I agree to notify the First Baptist Church in the event of any health changes that would restrict my child's participation in any normal children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capability of my child.

This consent will remain effective until the 31st day of December, 2019 delivered to said persons entrusted with the care, custody and control of said minor child. I understand that any and all medical expenses incurred are my responsibility and that there is no medical insurance coverage provided by First Baptist Church of Orangeburg.

Signature of Parent/ Guardian: _____ Date: _____

(Do Not Sign Except in Presence of Notary)

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

Signature of Notary Public: _____ My commission Expires: _____

Dated: _____ Seal of Notary: _____