



**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: \_\_\_\_\_

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 31<sup>st</sup> 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: \_\_\_\_\_

# Permission Slip



# VBS – 2019

**REMINDER:**  
VBS WILL TAKE PLACE AT  
FIRST BAPTIST CHURCH (Downtown)  
1240 RUSSELL STREET

Return completed Permission Slip & Medical Release Form to the  
**Church Office or FLC by May 16, 2019**

**PLEASE PRINT**

Child's Name (Goes By): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special Instructions: (**Who may pick up this child after VBS?**) \_\_\_\_\_

\_\_\_\_\_

Relationship to child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you attend Sunday School?    \_\_\_ Yes    \_\_\_ No

If so, where? \_\_\_\_\_

I have completed the 2019 Annual Parental Consent and Medical Authorization  
and hereby give my child permission to participate in  
**Vacation Bible School** with First Baptist Church of Orangeburg:

Parent/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_