PERMISSION AND MEDICAL CONSENT

As parent or legal guardian, I hereby give permission for my child to participate in_____ organized by First Baptist Church, Ocala. (Name of Event)

Child's Full Name _____
(Last) (First) (Middle)

Sex_____ Birthday _____ Age _____

Parent or Guardian Name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

If not available in an emergency, notify:

1. Name _____ Phone_____

   Street Address _____

   City, St, Zip _____

2. Name _____ Phone_____

   Street Address _____

   City, St, Zip _____

Does the child have any of the following allergies?

Any Drug Allergies? _____ Insect Stings? _____

Poison Ivy, etc.? _____ Hay Fever? _____

Other? Please explain. _____

Indicate the date of this child's last tetanus shot: _____ Is this child on any medications? ____

If so, please state the medication: _____

If so, will the child be bringing the medications that he/she should be taking? _____

Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's activity? ( ) Yes ( ) No

If yes, describe the problems or illnesses _____

_____

Other comments or suggestions from the parent or guardian concerning this child:

State the name, address, medical specialty and phone number of this child's family physician and of any other physician who should be consulted in the event of an emergency involving this child.

_____

State the name, address, and phone number of this child's dentist (and orthodontist if applicable):

_____

_____

Is there medical or hospitalization insurance which provides benefits for this child? _____ If so:

Name of Insurance Co. _____

Address _____

Name of Policy Holder _____

Policy No. _____ Phone No. _____

I understand that First Baptist Church, Ocala carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination, injections, anesthesia, medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

Signature _____ Date: _____
(Parent or Guardian)

Signature of Notary: _____ Date: _____

Revised 10/04