

PARK CITIES BAPTIST CHURCH - STUDENT MINISTRY
Medical Authorization and Information Form
Valid for Two Years from Notarized Date

Student's Name: _____ Age _____ Date of Birth _____ Grade _____
Address: _____ City _____ Zip _____
Father's Name: _____ Cell Phone _____ Work Phone _____
Mother's Name: _____ Cell Phone _____ Work Phone _____
Home Phone: _____ Emergency Contact Person: (Name and number) _____

ALLERGIES: Check those that apply.

- This child is allergic to the following medications: (prescription and over the counter) _____

- This child is allergic to peanuts or other foods. Explain: _____

- This child is allergic to these substances (mold, dust, insect stings, etc.) _____

MEDICATIONS: Bring enough medication for the entire time of the event. Prescription Medications MUST be in Pharmacy labeled containers.

- This child does not take any medications on a regular basis
- This child does take routine medications as follows:
Name of medication: _____ Name of medication: _____
Reason for taking: _____ Reason for taking: _____

CHRONIC CONCERNS: Check all categories that apply to your child and provide information for supportive care.

- Anorexia, Bulimia (Eating disorders): _____
- Diabetes, date of diagnosis, explain: _____
- Asthma If checked, parent is responsible for providing inhaler, even if the child only occasionally uses one. _____
- Blackouts or fainting, please describe in detail: _____
- Epilepsy, please explain: _____

OTHER MEDICAL INFORMATION:

Date of Last Tetanus shot? (Exact date required) _____

Has your child ever had surgery? _____ If so, for what? _____

Family physician: _____ Phone: _____

In the space below, please provide any additional important medical or other information concerning your child which may help our staff minister to him or her more effectively.

INSURANCE:

Is your child covered by medical insurance? _____ If yes, which insurance company? _____

ID# _____ Group # _____

Please attach a copy of your medical card.

(FILL IN REVERSE SIDE OF FORM)

In the event of a change in the medical condition of my student, I will notify in writing the Minister to Students of Park Cities Baptist Church prior to my student's participation in future events. I understand that I can revoke this medical authorization at any time upon notice in writing to the Minister to Students.

I hereby give permission to the PCBC Staff and leaders to assess and treat my child, including the use of over the counter medicines, and to arrange for my child to be seen by a physician and/or be sent to a hospital for evaluation, as the camp medical personnel deems appropriate in their judgment. I also give permission to the physician selected by an adult sponsor for Park Cities Baptist Church to secure proper treatment (including hospitalization and surgery) for my child. I also give permission for my child to be transported to emergency services or a physician's office in a vehicle driven by a PCBC adult sponsor.

I understand the PCBC staff reserves the right to send a child home whose medical condition becomes unmanageable and places the child or others at risk in the camp or event environment.

Park Cities Baptist Church's Group Activity Policy has the following limits:

1. \$2,000 Medical (\$100 deductible) - - THIS IS SECONDARY TO YOUR MEDICAL POLICY.
2. \$100,000 Accidental Death/Dismemberment

I have read and understood that the above is the church coverage, while traveling as a member of a group with Park Cities Baptist Church. If higher limits are desired, I will contact my own agent.

Note: Your Insurance is PRIMARY.

Signature of Parent or Legal Guardian _____

_____ Date _____

THE STATE OF TEXAS *

COUNTY OF DALLAS *

THIS INSTRUMENT was acknowledged before me by the said
on this the _____ day of _____, _____.

Notary Public
State of Texas

Commission Expires: _____

Appearance Clause (optional)

I understand Park Cities Baptist Church from time to time produces promotional material about its events. I understand that my child may be included in video or photographs taken at the youth events. I hereby grant Park Cities Baptist Church the right to photograph and/or video tape my child and further utilize participant's name, face likeness, voice and appearance as part of the event and in advertising and promoting the even, without reservation or limitation. In granting this license, I understand that Park Cities Baptist Church is under no obligation to exercises any of its rights, license and privileges herein granted by participant.

I have read the Appearance Clause and sign in agreement.

Parent's signature _____

Date _____