

Westney Heights Baptist Church
AUTHORIZATION AND MEDICAL CONSENT FORM
For Youth Activities between September 2011 and August 2012

Youth's Name _____

Address _____

Date of Birth (M/D/Y) _____/_____/_____ Health Card # _____

Allergies & first aid procedures in case of incident: _____

Does your youth wear or carry a medic alert bracelet, neck chain or card? If yes, give details and first aid procedures in case of incident: _____

Physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of: _____

Please list any medication your youth is bringing with him/her: _____

Date of last tetanus immunization: _____

Family Doctor _____ Phone # _____

Parent's/Guardian's Name _____

Phone # _____ Emergency # _____

In case of an emergency, the parent or guardian named above will be contacted first.

Alternative emergency contact: Name _____

Relationship _____ Phone # _____

Signature of youth _____

As the parent or guardian named above, I authorize one of the Westney Heights Baptist Church pastors, ministry staff or supervising leaders to give consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the youth named above.

As the parent or guardian named above, I undertake and agree to indemnify and hold blameless Westney Heights Baptist Church, its pastors, ministry staff and Board of Deacons from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Westney Heights Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing the church.

I, _____ (Printed name of Parent/Guardian listed above)
have read, understood and agree with the statements above and sign it to cover only the Westney Heights Baptist Church approved youth activities and transportation to/from that activity.

Signature _____ Date signed (M/D/Y) _____