

**Broadus Memorial Baptist Church  
Emergency Medical Authorization  
Permission to Participate in Church Activity  
And Release of Liability**

Child's name: \_\_\_\_\_

Activity: 2009-2011 Youth Ministry

Date(s): September 1, 2009 – September 1, 2011

Designee(s): James Sanford, Angela Sanford, other Youth Ministry leaders.

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Medical Information:

Last Tetanus Shot: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Any Physical Limitations: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Medical Insurance Coverage: Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Other Emergency Contact Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

1. In the event that we (I) cannot be reached at the time of accident or illness, or the medical emergency of a nature such that time does not permit such a contact. We (I) do hereby make constitute and appoint the herein named designee(s) whether one or more, as our (my) attorney(s)-in-fact to perform all acts involving any necessary medical treatment which my be required in our (my) absence for our (my) child(ren) including transporting or arranging for transportation for our (my) child(ren) to an adequate medical facility: signing medical authorization. Informed consent(s) hospital admission records, and any other written instruments necessary for our (my) child(ren) to receive necessary medical treatment and to do all of said acts in our (my) name, place and stead. And we (I) do hereby ratify and confirm all acts performed by said attorney(s)-in-fact.

2. We (I) give our (my) permission for our (my) child(ren) to participate in the above-described activity and if necessary, to ride in the church vehicle(s) and/or privately owned vehicle in transit to that activity. We (I) fully understand and agree that neither Broadus Memorial Baptist Church nor any supervising adult or sponsor will be held responsible for any accident or illness that may occur to my child(ren) and we (I) hereby agree to release Broadus Memorial Baptist Church and any supervising adult or sponsor of and from any legal responsibility or liability for any damages whatsoever.

3. We (I) give our (my) permission and consent to Broadus Memorial Baptist Church for any photographs, videotapes and interviews to be taken during the above-described activity to be published and used to illustrate, report, and advertise our ministries including on Internet Web Site promoting or reporting on our church.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**Please attach a copy of child's current insurance card to form**