



Baptist Grove Baptist Church 6140
Christian Light Road, Fuquay-Varina,
NC 27526
Phone: (919) 552-8592

ANNUAL AUTHORIZATION TO CONSENT TO HEALTHCARE FOR MINOR

Name _____ Phone _____
Address _____ Email _____
City, State, Zip _____ Birth Date _____
In Case of Emergency, Notify _____ Phone _____
Additional Contact Person _____ Phone _____

MEDICAL INFORMATION

Family Physician _____ Insurance Co _____
Policy Number _____ Date of Last Tetanus Shot _____
Phone _____ Allergies (including seasonal and animal) _____

Current Medications _____
Physical Conditions the Staff should be aware of _____

As the parent/legal guardian of _____, I give my permission for him/her to participate in the student ministry activities of Baptist Grove Baptist Church, Fuquay-Varina, NC.

I give my permission to Baptist Grove Baptist Church to include any youth leader, chaperone, or designated helper the authority they designate as my legally authorized representative of my student, _____, to secure, in his best judgment, the services of a physician, nurse, dentist, or other person whose services may be needed to provide necessary medical care, including the administration of anesthesia, x-ray examination, performance of operations, and other procedures necessary.

I have the capacity and understanding to communicate health care decisions and I have been fully informed and fully understand the grant of power to the named agent. This grant of power shall be effective **January 1—December 31, 2016.**

I give my permission to allow pictures and videos of my child to be used in print and on the internet to promote and showcase student ministry activities and events. (Please check Box to agree.)

Parent/Guardian Signature: _____ Date: _____

Relationship to Participant: _____