

Wise Drive Baptist Church of Sumter, SC

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Participant Name: _____ Birth date: _____
 Street Address: _____ Participant's _____
 City, State & Zip: _____ Primary Phone Number: _____
 Email or Text Number: _____

I give permission for my child (named above) to attend all supervised activities, events, field trips, and service projects associated with the Student Ministry (Reboot Student Ministry) and with Wise Drive Baptist Church of Sumter, South Carolina.
 I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by the Wise Drive Baptist Church Church. **(Initial _____)**

Liability Release

I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. **(Initial _____)**

Medical Release

In the event of an emergency and I am unable to respond, I authorize the Youth leaders or staff of the Wise Drive Baptist Church, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical/dental treatment and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care, under the supervision and upon the advice of a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act, for my child. I understand that I am responsible for payment of treatment. **(Initial _____)**

Custody Release

I further authorize the youth leaders of the Wise Drive Baptist Church of Sumter, South Carolina, to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult. **(Initial _____)**

Photo Release

I also give permission to photograph and record (digitally and analog) my child and to use his/her image and sound prints in promotional materials for Wise Drive Baptist Church. **(Initial _____)**

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

_____ Name(s)			_____ Parent(s)/Guardian(s) Primary Phone Number
_____ Street Address			_____ Parent(s)/Guardian(s) Secondary Phone Number
_____ City	_____ State	_____ Zip	_____ Parent(s)/Guardian(s) Email address

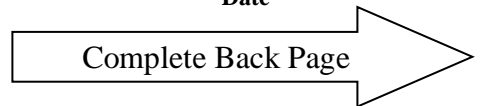
Additional Contact

_____ Name:	_____ Relationship to Participant:	_____ Name Phone
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Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date





HEALTH CARE INFORMATION

Physician

Dentist

Name

Name

Phone

Phone

Medical Insurance Company

Dental Insurance Company

Policy/Group Number

Policy/Group Number

Name of Policy Holder

Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

Empty rectangular box for listing allergies.

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Empty rectangular box for listing prescription medication.

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Empty rectangular box for listing non-prescription medication.

Please list any additional information relevant to participating in youth activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; mental health concerns, learning disabilities, any restrictions, etc.):

Empty rectangular box for additional information.

Information provided on this form will be kept strictly confidential.
Please complete this form, print it, sign it, and give it to the appropriate youth leader or pastor.

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date



As parent/guardian of _____ (insert Minor's name), I hereby authorize any of the staff or volunteers associated with Wise Drive Baptist Church to administer the following medications to Minor mentioned above.

(Please check the boxes below...)

Parent/Guardian Signature

	Yes	No
Tylenol 325mg tablets (Pain Reliever/Fever Reducer)	[]	[]
Motrin/Ibuprofen 200mg tablets (Pain Reliever/Fever Reducer)	[]	[]
Benadryl 25mg tablets (Antihistamine)	[]	[]
Pepto-Bismol Chewable Tablets (Nausea/Heartburn/Upset Stomach/Diarrhea)	[]	[]
Band-aids (Cuts/Scrapes/Wounds)	[]	[]
Antibiotic Ointment (Neosporin) (Cuts/Scrapes/Wounds)	[]	[]
Antibacterial Cream (Hydrocortisone Cream) (Bug Bites/Skin Rashes)	[]	[]
Visine Eye Drops (Irritated Eyes)	[]	[]
Sunblock	[]	[]
Bug Spray	[]	[]
Chap Stick	[]	[]

Any other Food/Medication Allergies we need to be aware of?



Rev. Nick Smetak, Youth Pastor

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