

PERMISSION AND MEDICAL CONSENT- Student (notarized)

As parent or legal guardian, I hereby give permission for my child to (the "Activity") participate in activities organized by Green Street Baptist Church of High Point North Carolina for the Calendar Year 2021

Child's Full Name _____
Last First Middle

Sex _____ Birthday _____ Age _____

Parent or Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

If not available in an emergency, notify :

1. Name _____ Phone (_____) _____

Street Address _____

City _____ State _____ Zip _____

or 2. Name _____ Phone (_____) _____

Street Address _____

City _____ State _____ Zip _____

Does this child have any allergies: _____

Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in this Activity? Yes No

If yes, describe the problems or illnesses _____

State the name, address, medical specialty and phone number of this child's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this child :

State the name, address, and phone number of this child's dentist (and orthodontist if applicable) :

Is there medical or hospitalization insurance which provides benefits for this child? _____ If so, please indicate:

Name of Insurance Co. _____

Address _____

Policy No. of Insurance Policy _____

Name of Policy Holder _____

Phone No. of Insurance Co. (_____) _____

Indicate the date of this child's last tetanus shot _____

Are there any activities, such as strenuous activities, to be restricted for this child? _____ If so, describe: _____

Is this child on any medications? _____ If so, please state the medication : _____

If so, will this child be bringing to the Activity the medications that he/she should be taking? _____

Describe any dietary restrictions that this child is required to observe _____

Other comments or suggestions from the parent or guardian concerning this child _____

I understand that GREEN STREET BAPTIST CHURCH carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage. The ministries shall not be responsible for any medical, dental, or hospital costs which are not covered by insurance.

I further understand that, in the event my child requires medical or dental treatment while engaged in the Activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counsellor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me. A copy of this form may be furnished to any person or institution furnishing services to my child.

Signature _____ Date _____
(Parent or Guardian)

Print Full Name _____ Date _____

State of North Carolina, County of _____

I, _____, a Notary Public for _____ County, North Carolina, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the forgoing instrument.

Subscribed and Sworn to before me this _____ day of _____ 20_____.

Notary _____ Date _____

My commission expires: _____

SEAL