

SUNNYSIDE BAPTIST CHURCH MEDICAL AUTHORIZATION

Name: _____ Phone: _____ Date: _____
Address: _____ City: _____ State: _____
Parent's Name: _____ Date of Birth: _____
Mailing Address: _____
Emergency Phone Numbers: _____

HEALTH INSURANCE:

Company: _____ Policy # _____ Phone # _____
Address: _____ City: _____ State: _____ Zip: _____

FAMILY PHYSICIAN:

Name: _____ Phone # _____
Address: _____ City: _____ State: _____ Zip: _____

CHILDHOOD DISEASES: (Check and give dates that apply):

Measles (3 day) _____ Measles _____ Chicken Pox _____ Scarlet Fever _____
Other: _____ Tetanus Shot: (date last taken) _____ Date last booster: _____ Other: _____

LIST ANY MEDICATIONS YOUR CHILD IS CURRENTLY TAKING:

Allergies (Drugs, Food, Insect Bites, etc.): _____

I hereby authorize any adult counselor, acting as an agent for Sunnyside Baptist Church, Kingsport, TN, to be the Limited Guardian for _____, my minor child on any church related trips. This Limited Guardianship is for the specific purpose of procuring medical attention for my minor child in emergency situations. This authorizes the above named individual(s) to seek medical services for the above named child in the event the child is on a church-related trip or activity and because of the nature of the emergency, and there is no time to contact me or any other natural guardian of the child. I further authorize the above named person(s) to do any of the above acts without permission or other order of any court and without specific bonds unless mandatory by law. This document is valid for one year from date signed and may be revoked by the signer/s at any time.

Name Date

Name Date

State of Tennessee, County of Sullivan
Personally appeared before me, the undersigned authority, a Notary Public, in and for said state and county, the within-named party _____, with whom I am personally acquainted, and who acknowledged the within instrument for the purpose therein contained.

Witness my hand and official seal at _____, this _____ day of _____ 20____.

Notary Public My commission expires: _____.

PARENTAL RELEASE & PERMISSION

A. The purpose of the Sunnyside Baptist Church is to provide programs and/or a facility to assist Christians in bringing the gospel of Jesus Christ to every person and to help Christians grow in their faith.

B. Any participant that engages in illegal activities, endangers others, or refuses to conform to the chaperones instruction is subject to being sent home immediately. The parents or guardians will be responsible for transportation and any fees. Modesty in dress is also required.

C. My child has the permission to participate in all activities on or off the grounds. I recognize that Sunnyside Baptist Church (SSBC) has taken extensive safety measures; however, I also recognize that SSBC cannot insure or guarantee that the participants, equipment, grounds, and/or activities will be free of accidents or injuries. I further hereby agree to indemnify and hold harmless SSBC and Celebration Church, , its staff, employees, volunteers, and its Trustees from any loss, liability, damage or costs, including court costs and attorney’s fees, that may incur due to my participation in said activity, whether caused by negligence of otherwise.

D. I give permission for Sunnyside Baptist Church to use any photo or video of my child for SSBC publications or promotion/advertising. I release my right to any kind of remuneration for said photos or videos.

E. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the group director to hospitalize, secure proper treatment for, and order injection, anesthesia, X-rays, routine tests, and/or surgery; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child.

F. I hereby authorize the directors and staff at Sunnyside Baptist Church to act for me in their best judgment in any emergency requiring medical attention and agree to not hold SSBC responsible for any medical costs associated with any injury received. I have made note on the reverse side of any medical or physical problems which might affect my child’s ability to safely participate.

G. This consent form is good only for the dates of Friday Jan 1st- Saturday Dec 31st, 2016.

Parent/Guardian Signature: _____ Date: _____

Contact information: _____

Sunnyside Baptist Church
406 Cooks Valley Rd
Kingsport TN 37664

423-288-5081