

**PARK CITIES BAPTIST CHURCH - STUDENT MINISTRY**  
**Medical Authorization and Information Form**  
Valid for Two Years from Notarized Date

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Contact Person: (Name and number) \_\_\_\_\_

**ALLERGIES: Check those that apply.**

- This child is allergic to the following medications: (prescription and over the counter) \_\_\_\_\_
- This child is allergic to peanuts or other foods. Explain: \_\_\_\_\_
- This child is allergic to these substances (mold, dust, insect stings, etc.) \_\_\_\_\_

**MEDICATIONS: Bring enough medication for the entire time of the event. Prescription Medications MUST be in Pharmacy labeled containers.**

- This child does not take any medications on a regular basis
- This child does take routine medications as follows:  
Name of medication: \_\_\_\_\_ Name of medication: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

**CHRONIC CONCERNS: Check all categories that apply to your child and provide information for supportive care.**

- Anorexia, Bulimia (Eating disorders): \_\_\_\_\_
- Diabetes, date of diagnosis, explain: \_\_\_\_\_
- Asthma If checked, parent is responsible for providing inhaler, even if the child only occasionally uses one. \_\_\_\_\_
- Blackouts or fainting, please describe in detail: \_\_\_\_\_
- Epilepsy, please explain: \_\_\_\_\_

**OTHER MEDICAL INFORMATION:**

Date of Last Tetanus shot? (Exact date required) \_\_\_\_\_  
Has your child ever had surgery? \_\_\_\_\_ If so, for what? \_\_\_\_\_  
Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In the space below, please provide any additional important medical or other information concerning your child which may help our staff minister to him or her more effectively.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE:**

Is your child covered by medical insurance? \_\_\_\_\_ If yes, which insurance company? \_\_\_\_\_  
ID# \_\_\_\_\_ Group # \_\_\_\_\_

**Please attach a copy of your medical card.**

(FILL IN REVERSE SIDE OF FORM)

**In the event of a change in the medical condition of my student, I will notify in writing the Minister to Students of Park Cities Baptist Church prior to my student's participation in future events. I understand that I can revoke this medical authorization at any time upon notice in writing to the Minister to Students.**

**I hereby give permission to the PCBC Staff and leaders to assess and treat my child, including the use of over the counter medicines, and to arrange for my child to be seen by a physician and/or be sent to a hospital for evaluation, as the camp medical personnel deems appropriate in their judgment. I also give permission to the physician selected by an adult sponsor for Park Cities Baptist Church to secure proper treatment (including hospitalization and surgery) for my child. I also give permission for my child to be transported to emergency services or a physician's office in a vehicle driven by a PCBC adult sponsor.**

**I understand the PCBC staff reserves the right to send a child home whose medical condition becomes unmanageable and places the child or others at risk in the camp or event environment.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

THE STATE OF TEXAS \*

COUNTY OF DALLAS \*

THIS INSTRUMENT was acknowledged before me by the said \_\_\_\_\_  
on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
State of Texas

Commission Expires: \_\_\_\_\_

### **Appearance Clause (optional)**

I understand Park Cities Baptist Church from time to time produces promotional material about its events. I understand that my child may be included in video or photographs taken at the youth events. I hereby grant Park Cities Baptist Church the right to photograph and/or video tape my child and further utilize participant's name, face likeness, voice and appearance as part of the event and in advertising and promoting the even, without reservation or limitation. In granting this license, I understand that Park Cities Baptist Church is under no obligation to exercises any of its rights, license and privileges herein granted by participant.

I have read the Appearance Clause and sign in agreement.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_