

AUTHORIZATION AND CONSENT TO TREATMENT OF MINORS

First Baptist Church, 221 S. 4th Street, Douglas, WY 82633 (307) 358-3724

STUDENT NAME: _____ DOB: _____ SS#: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Relationship: _____ S.S.# _____

Parent/Guardian Name: _____ Relationship: _____ S.S.# _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

EMERGENCY CONTACTS: Please list someone who would be responsible for your child if you cannot be located:

Name	Relationship	Home Number	Work Number
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Name	Relationship	Home Number	Work Number
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Doctor's Name: _____ Phone Number: _____ Pager: _____

Dentist's Name: _____ Phone Number: _____ Pager: _____

Medical Insurance Company & Group Cert. or ID#: _____

SPECIAL HEALTH INSTRUCTIONS AND/OR ALLERGIES:

Date of last Tetanus shot: _____ Allergies to any food/medications/insect bites: _____

If yes, please specify: _____

I/We the undersigned give our permission for the above student to participate in all activities sponsored by First Baptist Church, both on, or away from the church during the years 2008 and 2009.

The undersigned, who is one of the parents or legal guardians of the above named student, a minor, herein authorizes all adult sponsors, or any responsible adult person bearing this written authorization into whose care the above mentioned minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or specific supervision and upon the advise of a physician and/or surgeon licensed to practice in the State of Wyoming, or where the activity occurs, and to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed in the State of Wyoming, or the state where the activity occurs.

It is understood that this authorization is given to First Baptist Church for all church sponsored activities. Every effort will be taken to locate you before any action is taken. All medical expenses will be accepted by the parents/guardians. First Baptist Church is absolved of any or all liability for accidents or injuries received during any or all church sponsored activities.

I furthermore allow my child to rent any ski equipment necessary.

Signature: _____ Relationship: _____ Date: _____