

MEDICAL INFORMATION, AUTHORIZATION & MEDIA RELEASE

Child's Name _____ Date of Birth _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Child's Address _____

Home Phone _____ Cell _____

Father's Work _____ Mom's Work _____

Family Doctor _____ Office Phone _____

MEDICAL QUESTIONNAIRE

Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? _____

Is your child allergic to any type of medication? _____

What is the date of your child's last Tetanus booster? _____

Does your child require a special diet? _____

Does your child have (or has ever had) any of the following: (Circle)

Seizure disorders

Asthma

Kidney disease

Heart disorders

Hay Fever

High blood pressure

Diabetes

Bronchitis

Does your child have any allergies other than medical? _____

Does your child ever sleep walk? _____ Is your child a bed wetter? _____

Does your child get nervous or upset easily? _____

What is your child's swimming ability? None Poor Fair Good (Circle one)

Does your child have any physical handicap or illness, which would prevent him/her from participating in normal rigorous activity? _____

If you have answered yes to any of these questions and need to explain in further detail, please do so on a separate sheet of paper.

MEDICAL TREATMENT AUTHORIZATION

_____ has permission to participate in any sanctioned youth or children's activities of Impact Family Church, including field trips, campouts, sporting events and any other normal activities.

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the church will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the church in the event of any health changes, which would restrict my child's participation in any normal youth or children's activities. I also understand the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

In the event hospitalization is needed, please fill in:

Name of insured (policyholder) _____

Insurance Company _____ Policy No. _____

Employer _____ Employer's Group No. _____

If you have no insurance, please give Credit Card Authorization:

Card No. _____ Type: Visa MasterCard Discover Amex

Expiration Date ___ / ___ / ___ Name as it appears on card _____

Signature of Parent/Guardian

Date

Sworn and ascribed before me this _____ day of _____ in the year _____.

_____ is personally known to me, OR produced _____
as identification.

(seal)

Signature of Notary

MEDIA RELEASE

Impact Family Church may host events or activities throughout the year that are of interest to the media. Media representatives may want to interview and/or take photographs of your child participating in an event or activity. The decision to allow your child to participate in a media interview/photograph is completely up to you.

I **DO** **DO NOT** give permission for my child to be interviewed or photographed.
(Circle one)

Signature of Parent/Guardian