



# NASHVILLE FIRST BAPTIST CHURCH

## 2020 MEDICAL AUTHORIZATION AND RELEASE

### CHILDREN'S MINISTRY, BIRTH—GRADE 6

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If necessary, I can be reached at the following phone numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

#### Photography

I give permission for Nashville First Baptist to photograph my child. Yes No

I give permission for Nashville First Baptist to use my child's photograph for promotional purposes. Yes No

#### Medical Insurance

*If possible, please attach a copy of your insurance card.*

My medical insurance carrier is \_\_\_\_\_

Policy/Group No \_\_\_\_\_

Policy is carried by \_\_\_\_\_

My child's primary physician is \_\_\_\_\_

My child's primary physician's phone number is \_\_\_\_\_

#### Medical History

Does your child have any food, insect bite, or environmental allergies? Yes No

If yes, please list: \_\_\_\_\_

Does your child have any allergies to medication? Yes No

If yes, please list: \_\_\_\_\_

Does your child take any medication regularly? Yes No

If yes, please list: \_\_\_\_\_

Does your child have any physical limitations (asthma, diabetes, etc)? Yes No

If yes, please describe: \_\_\_\_\_

Additional information which might be helpful to us or to a physician (rare blood type, contact lenses, etc):

\_\_\_\_\_

**Medical Authorization and Release**

I, \_\_\_\_\_, authorize the Designated Agents (as hereinafter defined) of Nashville First Baptist Church, 108 Seventh Avenue South, Nashville, Tennessee 37203 (the "Church"), to consent to, and to execute any and all documents necessary for my child, \_\_\_\_\_ (the "Child"), to be treated by a medical doctor or a medical facility, whether on an emergency or non-emergency basis, if such care be determined necessary for his or her care, health and general welfare during any activity or event associated with the Church.

**Designated Agents**

For purposes of this Medical Authorization and Release the "Designated Agents" are defined to be the following: Shannon Meadors, Frank Lewis, Mary Bunn, those persons identified as adult counselors and sponsors for an activity or event associated with the Church or in an affidavit executed by any of the individuals listed above and presented with this Medical Authorization and Release at the time medical treatment is requested for the above named Child.

This authorization shall remain in effect, from this date until December 31, 2020, unless sooner revoked in writing by me. I hereby release the Designated Agents from any claims, liabilities, demands, damages, rights and causes of action resulting or arising, directly or indirectly, from any consent or action taken by him or her pursuant to this Medical Authorization and Release.

\_\_\_\_\_  
Signature of Parent or Guardian  
*Must be acknowledged by Notary Public*

\_\_\_\_\_  
Date

**Notarization**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me, by the said \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public, State of Tennessee

Name: \_\_\_\_\_

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

[NOTARY SEAL HERE]