

# MEDICAL AUTHORIZATION AND PERMISSION RELEASE FORM

Carolina Christian Church  
2030 Carolina Road  
Burlington, NC 27217  
[www.carolinachristianministries.com](http://www.carolinachristianministries.com)

Participant Name: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Mother's Cell #: \_\_\_\_\_  
Father's Cell #: \_\_\_\_\_

## PURPOSE OF THIS FORM:

This form gives a licensed physician consent to give treatment in the case of an emergency while the minor ( under 18 years of age) listed here is involved with any event or trip associated with Carolina Christian Church. If an emergency arises, every effort will be made to notify the parent or guardian. This form also gives permission for an authorized adult chaperone to administer any needed medications as listed below. This form releases the church, church officials, members and adult chaperones of any liability in the event the minor is injured or has a medical emergency that occurs while on a church-related trip. **This form is good through December 31, 2017.**

As the parent/legal guardian of the minor listed here, I give permission for my child to attend and participate in all the events. I furthermore authorize the Pastor, Associate Pastor, Youth or Children's Pastor and/or other adult chaperones to seek medical treatment for my child if necessary.

Signature of Parent/Guardian: \_\_\_\_\_

Please Print Above Name: \_\_\_\_\_

Minor's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Emergency Name & Phone Numbers: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

(Emergency numbers should be for a close relative or adult we can contact in case parents cannot be reached at the numbers listed above)

E-mail Address: \_\_\_\_\_

## MEDICAL INFORMATION FOR MINOR LISTED:

If minor attendee needs any medicine while on the trip in conjunction with this church, including over the counter. Please be certain that the medicine is labeled and the directions for administering it are given to an adult chaperone. Medicine will be maintained by an adult. Be sure to give instructions if the minor has an allergy to insect bites or any other allergies and conditions.

## ALLERGIES:

Please check below if your child has sensitivity or allergies to:

Bee Sting  Nuts  Dairy  Latex  Other \_\_\_\_\_

Required Medications: \_\_\_\_\_

## CONDITIONS:

Please check below if your child has any of the following:

Asthma  Diabetes  Kidney Injuries  Seizure Disorder  Heart Condition  Other \_\_\_\_\_

Required Medications: \_\_\_\_\_

Other Medications : \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Telephone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # : \_\_\_\_\_

## Photo Release:

Yes, I grant permission for Carolina Christian Church to photograph my child during church-related activities. I understand that these photographs may be used for but not limited to publications, bulletins or the church website.

No, Do not photograph or use images of my child during church-related activities in any manner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature must be of Parent or Legal guardian if participant is under the age of 18