

# First Baptist Church Lawton Preschool/Children's Ministries Medical Consent Form

Please Print or Type

CHILD'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

CHILD'S ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_

GENDER \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**IF PARENT/GUARDIAN IS NOT AVAILABLE IN EMERGENCY, NOTIFY:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATION TO CHILD \_\_\_\_\_

**DOES THE STUDENT HAVE ANY OF THE FOLLOWING ALLERGIES?**

Penicillin \_\_\_\_yes \_\_\_\_no  
Other Drugs \_\_\_\_yes \_\_\_\_no List: \_\_\_\_\_  
Insect Stings \_\_\_\_yes \_\_\_\_no  
Ivy Poisoning \_\_\_\_yes \_\_\_\_no  
Hay Fever \_\_\_\_yes \_\_\_\_no  
Other: \_\_\_\_\_

**DOES THE STUDEN HAVE ANY MEDICAL OR HEALTH PROBLEMS, AND HAS THE STUDET HAD ANY CHRONIC OR RECURRING ILLNESS OR ILLNESSES WHICH WOULD HAVE AN EFFECT ON HIS/HER PARTICIPATION IN ACTIVITIES?** \_\_\_\_YES \_\_\_\_NO

IF YES, PLEASE DESCRIBE PROBLEM OR ILLNESS: \_\_\_\_\_

PLEASE STATE THE NAME, ADDRESS, AND PHONE NUMBER OF THIS CHILD'S FAMILY PHYSICIAN AND ANY OTHER PHYSICIAN AND DENTIST WHO SHOULD BE CONSULTED IN THE EVENT OF EMERGENCY OR MEDICAL PROBLEM.

FAMILY PHYSICIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

OTHER PHYSICIAN (SPECIALIST) \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

**PLEASE PROVIDE MEDICAL INSURANCE INFORMATION:**

NAME OF INSURANCE COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ NAME OF POLICY HOLDER \_\_\_\_\_

DATE OF CHILD'S LAST TETANUS SHOT: \_\_\_\_\_

**ARE THERE ANY ACTIVITY RESTRICTIONS FOR THIS CHILD?**     YES                     NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

PLEASE DESCRIBE ANY DIETARY RESTRICTIONS THIS CHILD IS REQUIRED TO OBSERVE:

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY  
AND SIGN AT THE BOTTOM OF THE PAGE

I understand that First Baptist Church carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization insurance coverage's available to my family. I understand that any personal medical and hospitalization coverage (subject to exclusions, limitations and provisions in the church's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from the church's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in activities with First Baptist church, reasonable efforts will be made to contact me. However, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult sponsor acting on behalf of the ministry with respect to church activities as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental, or surgical diagnosis and treatment; and hospital care and treatment of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all my student's medical allergies, medications being taken, medical problems, and other pertinent information. My student has permission to participate in all prescribed activities except as noted by me. I realize that this form is valid for 12 months from the date above. If there are any changes, I will notify First Baptist Church.

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

\_\_\_\_\_  
Date

# *Consent for use of photographs for Publicity*

I hereby authorize and give full consent to First Baptist Church, Lawton Oklahoma, to use on their website and in any publicity in support of church programming to all photographs in which I/my child appear(s) while involved in the ministries of First Baptist Church, Lawton, Oklahoma.

First Baptist Church may transfer, use or cause to be used, these photographs on its website, in newspaper advertisements and in television promotional spots, or any other multimedia productions deemed necessary and appropriate.

I am the parent and/or guardian

of: \_\_\_\_\_

\_\_\_\_\_ I hereby approve the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

\_\_\_\_\_ I hereby do not authorize or grant consent of the use of such photographs.

# *Consent for Travel*

I hereby authorize and give full consent to First Baptist Church, Lawton Oklahoma, to transport my child on authorized church vans/buses to and from any and all activities related to Summer Days programming at First Baptist Church, Lawton, Oklahoma.

I am the parent and/or guardian

of: \_\_\_\_\_

\_\_\_\_\_ I hereby approve the foregoing and consent to the use of church authorized transportation subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

\_\_\_\_\_ I hereby do not authorize or grant consent of the use of such transportation.

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

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

Witnessed by: \_\_\_\_\_

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

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