



## **Emmanuel Baptist Church Emergency Medical Information & Authorization**

Participant Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex: M / F Grade: \_\_\_\_\_

Guardian Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Emergency Contact(s) \*If Guardian cannot be reached\* Name, Phone, relationship to participant: \_\_\_\_\_

Family Doctor and Phone: \_\_\_\_\_ Ins. Co \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

### **Medical Questionnaire** *(Explain all "Yes" answers on the lines below.)*

1. Is the Participant being treated for any injury or sickness? Yes: \_\_\_\_ No: \_\_\_\_

2. Is the Participant taking any form of medication for any reason? Yes: \_\_\_\_ No: \_\_\_\_

3. Is the Participant allergic to any medication or have other allergies (latex, etc.)? Yes: \_\_\_\_ No: \_\_\_\_

4. Does the Participant have any special diet restrictions? Yes: \_\_\_\_ No: \_\_\_\_

5. Has the Participant had or does the Participant have any of the following: If yes, mark with "X"

Seizure \_\_\_\_ Asthma \_\_\_\_ Heart Disease \_\_\_\_ Diabetes \_\_\_\_ Phobias \_\_\_\_ Anxiety \_\_\_\_

6. Does the Participant ever sleep walk? Yes: \_\_\_\_ No: \_\_\_\_

7. Does the Participant get nervous or upset easily? Yes: \_\_\_\_ No: \_\_\_\_

8. Does the Participant have any physical handicap or illness that would prevent him/her  
from participating in normal rigorous activity? Yes: \_\_\_\_ No: \_\_\_\_

9. Can the Participant swim? Yes: \_\_\_\_ No: \_\_\_\_

When listing medications include name, dose, form, and frequency (ex. Tylenol, 250mg liquid, 9am and 5pm)

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I authorize the following nonprescription medications to be given to participant in the event it is deemed appropriate by leader/nurse or other person from Emmanuel Baptist Church that will be responsible for participant. If yes, mark with "X" Guardian Initial \_\_\_\_\_

Benadryl (Diphenhydramine) \_\_\_\_ Tylenol (Acetaminophen) \_\_\_\_ Motrin (ibuprophen) \_\_\_\_ Ear Drops \_\_\_\_

Eye Drops \_\_\_\_ Aloe \_\_\_\_ Antibiotic Ointment \_\_\_\_ Calamine \_\_\_\_ Hydrocortisone \_\_\_\_ Cough Drops \_\_\_\_

Bug Spray \_\_\_\_ Sunscreen \_\_\_\_ Tums \_\_\_\_ Orajel \_\_\_\_ 2%lidocaine(topical) \_\_\_\_

### **Photo release:** (initial)

**Yes**, it is okay to take participant picture \_\_\_\_\_ **No**, please **do not** take participant picture \_\_\_\_\_

Use the following lines to tell us anything else you think may be helpful while caring for participant:\_\_\_\_\_

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**Medical Treatment Authorization, Consent to Participate, Photo Release, Liability Waiver, & Disciplinary Agreement**

I/We understand that in the case of a medical emergency, Guardians / Emergency Contact listed above will be notified. However, in the event that the Emergency Contact cannot be reached, I / we authorize the use of necessary medical treatment in the event that the participant becomes ill or receives an injury. I / We understand that Emmanuel Baptist Church and/or its employees/volunteers do not carry medical insurance that covers my child during their activities, and they will not be responsible for medical expenses incurred. Any such expense will be my/our responsibility. I / We agree that should it be necessary for the Participant to return home due to a medical reason, I / We shall assume responsibility for transportation costs. I / We agree to notify the Church in the event of any health changes that would restrict the Participant from participating in any normal activities.

The undersigned does hereby give permission for Participant , \_\_\_\_\_, to participate in all youth activities at Scioto Hills Camp; Modified Guest Group Emmanuel Baptist Church, 2021 . I / We do also give our child permission to ride in any vehicle designated by the Leaders in whose care the child has been entrusted while participating in the activity. I / We do hereby release the Church, its employees, and volunteers from liability arising out of injury, sickness, or damage which may be sustained by my/our child during the course of the activity. In addition, I / we agree to pay all damages incurred by my / our participant throughout the activity. I / We understand that, while the Participant is participating in the activity, he/she is responsible to abide by all rules set forth by the Church and its designated leaders. Any serious infraction of the rules or inappropriate conduct by the child will result in dismissal from the activity. In the event of dismissal, I / we agree to assume cost of returning the child to his/her home. I / We also agree to forfeit any possible refund. Such action will only take place under **extreme** circumstances and only after direct consultation with the designated leaders and the Guardians. **This Medical Authorization, Consent to Participate, Photo Release, Liability Waiver, and Disciplinary Agreement shall continue in full force and effect for one year from signing, unless and until the undersigned Guardian(s) provide notice in writing that the document is revoked. Guardians should notify the church if any health information changes.**

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----- For Office Use Only -----

Form received by \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Print name day month year

I have verified the information on this form with the Guardian(s) listed \_\_\_\_\_  
Signature