

SGBC Children's Ministry Emergency Medical Authorization

Name _____ Date of Birth _____ Age _____ Grade in School _____
Address _____ City _____ Zip Code _____
Mother's Name _____ Phone _____ Email: _____
Father's Name _____ Phone _____ Email: _____
Family Physician _____ Phone _____

In the event of an emergency, please give the name and number of a friend/relative we may contact if you cannot be reached.

Name _____ Relationship to child _____ Phone _____

Past Medical History (Check all that apply)

Allergies Kidney Trouble Asthma Diabetes Heart Trouble

Allergies	Type of Food/Medication/Sting	Reaction
Food	• _____	• _____
Medication	• _____	• _____
Bug Bites, Stings	• _____	• _____
	• _____	• _____
	• _____	• _____

Date of Last Tetanus Vaccination _____

Current Medications _____

Any other special instructions _____

Permission and Release

My permission is granted for Saving Grace Bible Church staff or approved volunteers to obtain necessary medical attention in case of sickness or injury to my child, _____ .
In case of emergency illness or accident, we will try and contact the child's parents at the earliest possible moment.

• For Middle School/ Youth Group – I further give permission for my child to accompany the youth group on off site youth group outings and field trips. (check if this applies) _____ Initial Here
Occasionally we will be taking photos at our VBS and other church sponsored events where your child's photo may be taken. These photos may appear on our phone app and/ or our website and social media page.

Parent/ Guardian Signature _____ Date _____

To be completed by Notary

State of Florida

County of _____

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____

By _____

Notary Signature _____

Personally Known _____ OR Produced Identification _____

Type of Identification _____