

Zion Missionary Baptist Church
888 Zion Circle, Roswell, GA 30075
(770) 993-8587 Office
(770) 992-0834 Fax

Minor Medical Consent Form

As Parent or legal guardian, I hereby give my permission for my child _____
to participate in activities organized by Zion Missionary Baptist Church during the year of _____.
I understand and agree if there are any changes in any information, I will complete a new consent form.

Date of Birth: _____ **Age:** _____ **Sex:** _____

Parent or Guardian Name: _____
Address: _____ **Home Number:** _____
_____ **Cell or Bus. Number:** _____

If not available, notify:

Name: _____ Name: _____
Address: _____ Address: _____
Phone Number: _____ Phone Number: _____

Does the minor have any of the following allergies?

Penicillin _____ Other Drugs _____ Insect Stings _____ Poisoning Ivy, etc _____
Environmental _____ Other _____

Please list any medications the minor is currently taking:

Are there any medical or health problems, or any chronic or reoccurring illness, which would effect their participation in any activity? () Yes () No If yes, please describe below:

Is there medical or hospitalization insurance which provides benefits for the minor? () Yes () No

Name of Insurance Co: _____ **Group Number:** _____
Name of Policy Holder: _____ **Policy Number:** _____
Name of Doctor: _____ **Office Number:** _____

This health history is correct to the best of my knowledge and the above named child has permission to engage in all activities sponsored by Zion Missionary Baptist Church, except as noted on this form. In the event that I cannot be reached in an emergency, I hereby authorize, under O.C.G.A. § 31-9-2, church employees and staff to consent to any surgical or medical treatment or procedures not prohibited by law which may be suggested, recommended, prescribed, or directed by a duly licensed physician. Additionally, I designate church employees and volunteer staff to stand in loco parents for the above named child for purposes of consenting to surgical or medical treatment. Further, I release Zion Missionary Baptist Church from any liability arising from any activities and outings, including activities and outings of the youth program or any of the other ministries.

Signature: _____ **Date:** _____

Please circle any of the following ministries that you participate in:

Boy Scouts Girl Scouts Youth Missions Ushers Education Dept. Youth Choir