

NORTH POINT CHRISTIAN CHURCH - AUTHORIZATION FORM

I, _____, the undersigned parent or legal guardian of _____, hereby consent to his or her full participation in the activities and trips of North Point Christian Church. I understand that accidents do happen, and hereby generally release North Point Christian Church and its minister, youth leaders, and other employees, agents, and representatives from any liability or other legal or financial responsibility for any accidental injury to the above-named child while he or she is under the supervision of such person(s).

In the event of any such accident or other situation in which the above-named child may require emergency medical or dental care, I hereby authorize any minister, youth leader, or other employee, agent, or representative of North Point Christian Church, in my absence, to seek out and consent to any necessary medical or dental care for the above-named child; and further authorize any physician, dentist, other medical personnel, or medical or health care facility to rely on such consent and perform any necessary medical or dental care, including, without limitation, x-ray and other diagnostic procedures, administration of anesthetics or medication, and surgery; and hereby ratify and confirm whatever consent to medical or dental care that may be given hereunder.

Persons to try to contact in case of an emergency:

	Name	Relation to child	Home Phone #	Work Phone #
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

The child's physician is:

Name	Phone #
_____	_____

Information regarding medical insurance covering the child is as follows:

_____	_____	_____
Insurance Company	Name of Primary Beneficiary	Contract #
_____	_____	_____
Name of Employer (if applicable)	Group # (if applicable)	Phone #

Information regarding the child's health:

_____	_____	_____
Date of Birth	Date of last tetanus shot	Blood type

Current medication(s): _____

Drug allergies: _____

Other allergies: _____

Recent illness, surgery, or other medical conditions or problems, or other medical information which the minister, youth leaders, or medical personnel should know:

Signature of Parent or Guardian Date