



PO Box 589, Brookhaven, MS 39602 • Phone: (601) 833-5118

NOTE: One form per child

These forms will be kept confidential, so please be complete in your answers. It is for your child's sake.

MEDICAL INFORMATION & RELEASE OF GUARDIANSHIP

Name: _____ Social Security #: _____

Address: _____

Date of Birth: _____ Age: _____ Male Female Home Phone: _____

Parent(s)/Guardian(s): _____

Home Phone: _____ Cell Phone(s): _____

Secondary contact to notify in case of emergency: _____

Their relationship to you: _____ Their Phone #: _____

Does your child take any medication that we should be aware of? _____

If yes, what? _____

Is your child allergic to any medicine? _____ If yes, what? _____

Is there anything else medically that we should be aware of concerning your child's health? _____ If yes, what? _____

Emergency Authorization – In case of an emergency, I authorize Chris Layton to assume guardianship of my child, and the attending physician to administer treatment and medication until I can be contacted.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

Parent's/Guardian's Signature

Date

Subscribed and sworn to before me, in my presence,
this _____ day of _____, 2019
A Notary Public in and for the County of Lincoln, State of Mississippi

Notary Public

Parent's Insurance Company: _____

Policy Number: _____