

State of Alabama
Etowah County

I, _____, am the parent or legal guardian of _____, hereinafter, "my child", who was born on _____. My child is attending and participating in activities at Southside Baptist Church (hereinafter, "this camp," "church," "school," etc.) located at 3975 Highway 77 in the city of Southside, county of Etowah, and state of Alabama, beginning on the date of _____.

I, hereby authorize the Southside Baptist Church and his/her officers, agents, servants, or employees Supervisor / Pastor / Director who are 18 years of age or older who supervise the activities at this _____ camp or church into whose care my child has been entrusted, to consent to medical or dental care, or both, for my child. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the Southside Baptist Church and his/her officers, agents, servants, or employees Supervisor / Pastor / Director who are 18 years of age or older, who supervise the activities at the _____ camp or church to receive physical custody of my child, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Southside Baptist Church and his officers, agents, servants, or employees who are 18 years of age or older who supervise the activities at this _____ camp or church.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but it is given to provide authority and power on the part of the supervisor and his/her authorized designee, to exercise his/her best judgment on what is advisable for my child's care, upon advise of such physician, dentist, and surgeon.

Dated _____, _____

Signature of Parent or Legal Guardian _____

Please Print

Parent / Guardian: _____

Address : _____

Home Phone: _____ Work Phone: _____

Medical Insurance Company: _____ Insurance Policy No.: _____

Allergies: _____

Medicine Being Taken By My Child: _____

Other Information Regarding My Child's Health That A Doctor Should Know: _____

Witness or Notary (if required) _____