

**First Assembly of God, 403 Walton Ferry Road Hendersonville, TN (615) 824-6280  
ACTIVITY AUTHORIZATION/EMERGENCY MEDICAL INFORMATION AND  
AUTHORIZATION**

(PLEASE PRINT. **ALL** INFORMATION IS REQUIRED. INCLUDE AREA CODE FOR ALL PHONE NUMBERS)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Address \_\_\_\_\_  
-

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Doctor (FULL NAME) \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Relative's Phone \_\_\_\_\_

OR Neighbor \_\_\_\_\_ Neighbor's Phone \_\_\_\_\_

**Medical Questionnaire**

	YES	NO	IF YES, WHAT?
Is your child presently being treated for any injury or sickness?..	_____	_____	_____
Is he taking any form of medication for any reason? .....	_____	_____	_____
Is your child allergic to any type of medication? .....	_____	_____	_____
Is your child allergic to latex?.....	_____	_____	_____
Has your child ever had an operation? .....	_____	_____	_____
Does your child require a special diet?.....	_____	_____	_____
Does your child have any allergies? .....	_____	_____	_____
Does your child ever sleepwalk? .....	_____	_____	_____
Does your child get nervous or upset easily? .....	_____	_____	_____
Is your child current on his immunizations?.....	_____	_____	_____

Please complete the opposite side of this form.

Does your child have, or has he ever had, any of the following (circle all that apply):

Seizure Disorders	Chicken Pox	Asthma	Heart Murmur	Diabetes
Kidney Disease	Blood Disorder	Hepatitis	Hyperactivity	Sickle Cell

Does your child have any physical handicap that would prevent him from participating in normal or rigorous activity? \_\_\_\_\_

Please explain any "Yes" you may have answered on the above

section: \_\_\_\_\_

Can your child swim? \_\_\_\_\_ How well? \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

If your child requires a specific medication, send specific instructions on how often and how much. The medication and instructions should be given to the adult leader.

Basic first aid will be administered to your child as needed. In addition, some over the counter medications may be administered to your child with your permission. These medications *may* be available through an adult leader, should the need arise.

YES NO

Do you want to be notified before your child is given any over-the-counter medication?

\_\_\_\_\_

Please draw a line through any medication you DO NOT want your child to receive.

Pepto Bismol

Benadryl

Excedrin Migraine

Peroxide

Ibuprofen

Solarcaine (For Sunburn)

Caladryl Lotion

Tylenol/acetaminophen

Sudafed

Triple Antibiotic Ointment

Robitussin

Imodium

Throat Lozenges

Aloe Cream

Other (Be specific): \_\_\_\_\_

### Other Information

Please provide any other information you believe we may need for the proper treatment of your child, should the need arise:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ has my permission to participate in any sanctioned activity of the \_\_\_\_\_ First Assembly of God located at (address) 403 Walton Ferry Road Hendersonville, TN provided he/she is properly supervised by authorized adult leaders. Such activities would include field trips, missions trips, campouts, ball games, swimming (if allowed by parent), and any other church related activity.

I understand that all necessary precautions have been taken for the safety of my child and that I will be notified in the case of an emergency or injury. I authorize the calling of a doctor and the providing of medical services/treatment in the case of an accident, injury or sickness, by a licensed health care provider, if for any reason I cannot be contacted or present. I understand that \_\_\_\_\_ First Assembly of God will **not** take care of medical expenses incurred; they will be my responsibility as parent/guardian.

I agree to notify \_\_\_\_\_ First Assembly of God in the event of any health changes that would restrict my child's participation in any of the normal activities of the group. I also understand that the adult leader reserves the right to restrict my child from any activity that he/she does not feel is within the physical capabilities of my child.

Signature of parent/guardian \_\_\_\_\_

Date\* \_\_\_\_\_

\*This form is valid for **one year** from date of signature.

Notary Public \_\_\_\_\_

Signature \_\_\_\_\_

My commission expires \_\_\_\_\_

The seal is **required** by First Assembly of God

**(Seal)**