

# Emergency Medical Information and Authorization (2010)



Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Parent's Work/Cell Phone # \_\_\_\_\_

Family Doctor \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

## Medical Questionnaire

Is your child presently being treated for an injury or sickness? Explain.

\_\_\_\_\_

Is he/she taking any form of medication for any reason? Explain.

\_\_\_\_\_

Is your child allergic to any type of medication? Explain.

\_\_\_\_\_

Has your child ever had an operation? Explain.

\_\_\_\_\_

Does your child require a special diet? Explain.

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Does your child have—or has he/she ever had—any of the following:  
(Circle)

Seizure Disorders  
Diabetes

Asthma  
Hay Fever

Heart Murmur  
Kidney Disease

Does your child have allergies other than to any medication? Explain.

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Does your child ever sleepwalk?

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Does your child get nervous or upset easily? What causes this reaction?

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Can your child swim?

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Does your child have any physical handicap or illness that would prevent him/her from participating in normal or rigorous activities? Explain.

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## Medical Treatment Authorization

\_\_\_\_\_ has permission to participate in any sanctioned activity of Beebe First Assembly of God MPACT provided he/she is properly supervised by authorized leaders. Such activities would include field trips, sleepovers, and other normal activities.

I understand that all necessary precautions have been taken for the safety of my child and I will be notified in the case of an emergency. I authorize the calling of a doctor and the providing of medical services in the case of an accident, injury or sickness. I understand that Beebe First Assembly of God will not take care of medical expenses incurred; they will be my responsibility as the parent/guardian.

I agree to notify Beebe 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 leaders reserve the right to restrict my child from any activity that she does not feel is within the physical capabilities of my child.

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

# **Photo/Web Site Release Form for Beebe Girl's Mpact (2010)**

Dear Parent/Guardian:

On occasion, Beebe Girl's Mpact wishes to photograph students in connection with our ministry activities. We feel that our ministry is a vital part of Beebe First Assembly of God. Those who view our website at [www.beebefirstassembly.com](http://www.beebefirstassembly.com) benefit knowing about all that we do as a ministry at Beebe First Assembly of God.

In order to release student photos we would like your written permission. To give your consent, please complete the form below.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give permission for my child to be photographed by Beebe First Assembly of God Girl's Mpact and to be placed on the church website. Other than staff, no names will be used. No personal phone numbers, addresses, or other identifying information will be published. A release form must be on file for anyone's image to be posted on the website.

**Signature of parent/guardian:**

\_\_\_\_\_

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

**Address:** \_\_\_\_\_

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