

Southmont Baptist Church 2018

Medical Permission and Release Form for Minors

Minor's Info:

Name: _____ Date Completed: _____

Age: _____ Birth Date: _____ Sex (circle): Male / Female

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Father: _____ Work #: _____ Cell #: _____

Mother: _____ Work #: _____ Cell #: _____

Guardian: _____ Work #: _____ Cell #: _____

In case of an Emergency, and Parent or Guardian cannot be reached, please contact:

Name: _____

Phone: _____ Relationship: _____

Medical Info

*Insurance Company: _____

Policy Number: _____ Hospital Preference: _____

 We currently do not have insurance.

Family Physician: _____ Office Phone: _____

Family Dentist: _____ Office Phone: _____

Current Medication(s): _____

My Child attends the following school: _____

His/her immunization record is on file at the school and all required immunizations are current.

Allergies/Medical Issues

Foods: _____

Medications: _____

Insects/Bites: _____

Special Diet: _____

Previous Serious Illness: _____ Date: _____

Other Important Medical Information or Chronic Conditions: _____

*** Please attach a front and back copy of your insurance card to be turned in with this form.**

Please check each week your child will attend summer camp. The \$10.00 per week deposit will need to be paid to hold your child's spot.

- Week 1 June 4-June 8
- Week 2 June 11-June 15
- Week 3 June 18- June 22
- Week 4 June 25- June 29
- Week 5 July 2- July 6 (out July 4th)
- Week 6 July 9-July 13
- Week 7 July 16- July 20
- Week 8 July 23-July 27
- Week 9 July 30- August 3
- Week 10 August 6- August 10

Office Use Only

Week	Deposit /check number	Swim shirt/paid	Tuition /check number
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			

THIS PAGE MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Southmont Baptist Church Ministries and Volunteers Are Designated By The Abbreviation "SMBC" Throughout This Entire Form

I (we) hereby authorize SMBC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by SMBC Ministries. I (we) hereby authorize SMBC to include (our) child in supervised water activities.

I (we) hereby authorize SMBC and its acting leaders to teach and lead my (our) child in religious lessons and services, which may include prayer and Bible teaching.

I (we) do hereby authorize any licensed physician or medical treatment center to treat my (our) child in the case of emergency in which the before named physician cannot respond.

The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs where applicable only.

I (we) hereby release, forever discharge and agree to hold harmless SMBC and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child-participant that occur while said child is participating in any trip or activity with SMBC.

Furthermore, I (we), on behalf of my (our) child/participant if under the age of 18 years, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. Further authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant where applicable only.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by SMBC at its office. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

Parent/Legal Guardian Signature: _____ Date: _____

Photo and Video Permission

I also allow photos or videos taken of my child at any event affiliated with SMBC, that this image of my child could possibly be used in publications, promotional materials and/or posted on the website of SMBC(www.southmont.org) for the sole purpose of information about events at Southmont Baptist Church.

Parent/Legal Guardian: _____ Date: _____



ADMISSION INFORMATION

Purpose: Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

GENERAL INFORMATION			
Operation's Name:		Director's Name:	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Home Address:			
Date of Admission:		Date of Withdrawal:	
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from the child's):	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached:			Relationship:
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name and Phone Number:	Name and Phone Number:	Name and Phone Number:	

CONSENT INFORMATION
CHECK ALL THAT APPLY:
1. TRANSPORTATION I give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. FIELD TRIPS <input type="checkbox"/> I give consent for my child to participate in field trips. <input type="checkbox"/> I do not give consent for my child to participate in field trips. Comments:
3. WATER ACTIVITIES I give consent for my child to participate in the following water activities: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic playgrounds

CONSENT INFORMATION

CHECK ALL THAT APPLY:

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies, including those for:

<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Procedures for dispensing medications
<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	<input type="checkbox"/> Procedures to visit the center without securing prior approval
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website

5. MEALS

I understand that the following meals will be served to my child while in care:

None Breakfast Morning snack Lunch Afternoon snack Supper Evening snack

6. DAYS AND TIMES IN CARE

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		Signature - Parent or Legal Guardian

CHILD'S ADDITIONAL INFORMATION SECTION

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No Plan submitted on:

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature - Parent or Legal Guardian:

Date Signed:

SCHOOL AGE CHILDREN

My child attends the following school:

Name of School:

School Phone Number:

My child has permission to (check all that apply):

walk to or from school or home ride a bus be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address:

ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

Please check only one option:

1. HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

Health Care Professional's Signature:

Date Signed:

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

TB TEST (IF REQUIRED)

<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
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GANG FREE ZONE

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

SIGNATURES

Child's Parent or Legal Guardian: X	Date Signed:
Center Designee: X	Date Signed: