MACEDONIA BAPTIST CHURCH

P.O. Box 474, Hiawassee, GA 706.896.2424

PARENTAL CONSENT AND MEDICAL AUTHORIZATION FORM VALID AUGUST 1, 2019 - JULY 31, 2020





Student	DOB	As the parent/guardian,I hereby grant consent for my student
Student	DOB	to go on and participate in sponsored
Student	DOB	activities and events with Macedonia Baptist Church under the supervision
Student	DOB	of its adult leaders provided by the church and to travel in church provid-
Parents/Guardians		ed vehicles when necessary. • I further authorize the leaders to act
Address		on my behalf in the event of an emergency if it is not possible to
Home #		contact us for some reason. It is not my desire that any needed medical
Cell #		attention be denied my child, or be
Cell #		delayed if to do so would jeopardize his/her best health interest because of
Other Emergency Contact #		an inability to make contact with us.By affixing my signature below, I do
MEDICAL INFORMATION		hereby agree to hold harmless and indemnify Macedonia Baptist Church
Tetanus shot current? Yes No		of Hiawassee, GA., Inc. and all agents
Please list any information we might need to be aware of regarding the physical condition of each student including allergies, and current medications:		and representatives from any and all claims of losses, injuries or damages, that may result from my child's participation in any activity or event sponsored by Macedonia Baptist Church and I further agree to waive any rights
		of legal action against Macedonia Bap-
		 tist Church, its employees or agents. To the best of my knowledge, the insurance and medical information
		listed above is correct, current, and
Insurance Informat	ION OR "NONE"	complete. I agree to complete a new form in the event there are any chang-
Insured Policy Holder Name:		es in contact, medical, or insurance
Insurance Company Name		information.I consent for my student's photograph
Phone		to be published on the MBC website,
Group #		social media pages, or in other church publications.
Policy #:		

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE __