





It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child's participation in an activity. I also give my permission for church leaders to restrict my child from participation in any activity which they have any question about for health or other reasons.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian    Date  
 (Must be signed in Notary Public's presence)

Notary  
 Seal

State of: \_\_\_\_\_  
 County of: \_\_\_\_\_  
 Subscribed and sworn to before me on this \_\_\_\_\_  
 day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC  
 My Commission Expires \_\_\_\_\_

Office use only:

Date \_\_\_\_\_ Amount received \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_  
 Insurance card copied      Medical form completed      Notarized      Publication consent signed