



3229 Burlington Mills Road Wake Forest, NC 27587  
Phone: (919) 556-9292 Fax: (919) 562-6614

### **ANNUAL AUTHORIZATION TO CONSENT TO HEALTH CARE FOR MINOR**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Birth Date \_\_\_\_\_

In Case of Emergency, Notify \_\_\_\_\_ Phone \_\_\_\_\_

Additional Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Medical Information: \_\_\_\_\_ Policy Number.: \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Physical Conditions the Staff should be aware of \_\_\_\_\_

As the parent/legal guardian of \_\_\_\_\_, I give my permission for him/her to participate in the student ministry activities of **Richland Creek Community Church, Wake Forest, NC (919) 556-9292.**

I give my permission to **David Miller, Student Pastor/Richland Creek Community Church or any other youth leader, chaperone, or designated helper or the authority they designate** as my legally authorized representative of \_\_\_\_\_ to secure, in his best judgment, the services of a physician, nurse, dentist, or other person whose services may be needed to provide necessary medical care, including the administration of anesthesia, x-ray examination, performance of operations, and other procedures necessary.

I have the capacity and understanding to communicate health care decisions and I have been fully informed and fully understand the grant of power to the named agent. This grant of power shall be effective January 1—December 31, 2010.

I give my permission to allow pictures and videos of my child to be used in print and on the internet to promote and showcase student ministry activities and events. (Please check Box to agree)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_