

# CHILD'S EXTENDED MEDICAL AUTHORIZATION AND RELEASE FORM



The Lamb's Chapel  
(336)570-2014  
Haw River Campus:  
415 Roxboro Street, Haw River, NC 27258  
Airport Campus:  
3539 Alamance Road, Burlington, NC 27215

_____
CHILD'S NAME
Home Phone # (_____) _____
Mom's Cell # (_____) _____
Dad's Cell # (_____) _____

### PURPOSE OF THIS FORM:

This form gives licensed physician consent to give treatment in the case of an emergency while the Minor (under 18 years of age) listed here is involved with any event or trip associated with The Lamb's Chapel. If an emergency arises, every effort will be made to notify the parent or guardian. This form also gives permission for an authorized adult chaperone to administer any needed medications as listed below. This form releases the church, church officials, members and adult chaperones of any liability in the event a student is injured or has a medical emergency that occurs while on a church-related trip. This form is good for one year following the stated date of signature. As the parent/legal guardian of the minor listed here, I have read all the literature about the event/trip and give permission for my child to attend and participate in all the events. I furthermore authorize the Pastor, Associate Pastor, Youth or Children's Pastor and/or other adult chaperones to seek medical treatment for my child if necessary.

Signature of Parent/Guardian \_\_\_\_\_

Please print above name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Minor's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Telephone Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_

*(Can be parents' work numbers, grandparents or another relative to contact in case one parent cannot be reached at the numbers listed above)*

E-mail address: \_\_\_\_\_

### MEDICAL INFORMATION FOR MINOR LISTED:

If minor attendee needs any medicine while on the trip in conjunction with this church, including over the counter medicine, please be certain that the medicine is labeled and the directions for administering it are given to an adult chaperone. Medicine will be maintained by an adult. Be sure to give instructions if the minor has an allergy to insect bites or any other allergies and conditions.

**ALLERGIES:**  
Please check below IF your child has sensitivity or allergies to:  
 Bee Sting     Nuts     Dairy     Latex     Other \_\_\_\_\_

Required medications: \_\_\_\_\_

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**CONDITIONS:** Please check below IF your child has:  
 Asthma     Diabetes     Kidney Injuries     Seizure Disorder     Heart Condition  
 Other Medical Conditions: \_\_\_\_\_

Required medications: \_\_\_\_\_

Other medications: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_