



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