



PO Box 589, Brookhaven, MS 39602 • Phone: (601) 833-5118

**NOTE: One form per child**

These forms will be kept confidential, so please be complete in your answers. It is for your child's sake.

**MEDICAL INFORMATION & RELEASE OF GUARDIANSHIP**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female Home Phone: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Secondary contact to notify in case of emergency: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_ Their Phone #: \_\_\_\_\_

Does your child take any medication that we should be aware of? \_\_\_\_\_

If yes, what? \_\_\_\_\_

Is your child allergic to any medicine? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Is there anything else medically that we should be aware of concerning your child's health? \_\_\_\_\_ If yes, what? \_\_\_\_\_

**Emergency Authorization** – In case of an emergency, I authorize Chris Layton to assume guardianship of my child, and the attending physician to administer treatment and medication until I can be contacted.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me, in my presence,  
this \_\_\_\_\_ day of \_\_\_\_\_, 2021  
A Notary Public in and for the County of Lincoln, State of Mississippi

\_\_\_\_\_  
Notary Public

Parent's Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_