

Authorization for Medical Treatment

THIS IS TO CERTIFY that my child, _____ has my permission to participate in the youth department activities sponsored by the Shiloh Baptist Church. In the event of injury or illness to my child _____ medical treatment may be rendered as said physician deems necessary under the circumstances. The intent is to grant authority to administer and perform any and all examination, treatments, anesthetics, and operations or diagnostic procedures which may in the course of patient's treatment be deemed necessary. Additionally, I hereby grant authority to any qualified medical facility to render such treatment and to admit said child, _____ as is deemed necessary under the circumstances.

IN WITNESS OF our consent and agreement to the medical authorization specified herein, we have subscribed our signatures on the _____ day of _____, in the year _____ in _____, FL.

(parent's signature)

On this _____ day of _____ in the year _____, before me _____ a Notary Public, State of Florida, duly commissioned and sworn personally appeared, _____ and _____ whose names subscribed to the within instrument, and acknowledged to me that they executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my seal in the county of _____ the day and year in this certificate first written above.

Notary Public

Seal

My Commission Expires: _____

HOLD HARMLESS AGREEMENT

I/we THE UNDERSIGNED PARENT/PARENTS OF _____ hereby acknowledge that my child has been granted permission to participate in the youth activities for 2026 that will be sponsored by the Shiloh Baptist Church located in Hillsborough county, Florida.

I/We, hereby agree to hold harmless the staff and chaperones from Shiloh Baptist Church from all claims, damages, cause of action and/or any other issue, wherein my son/daughter has been injured in any way.

I/We understand and acknowledge that I/We are responsible for medical and dental treatment of our child that occurs during youth department activities. It is fully understood that this waiver does not preclude any cause of action of pursuit of any remedy available under the law against any third party.

Parents of (child's name) _____

Signed: _____

IN WITNESS WHEREOF I have hereunto set my hand and affixed my seal in the county of _____ this _____ day of _____, in the year _____

Notary Public, State of Florida at large

Seal

Medical Permission & Release - Shiloh Baptist Church

Name _____ Age _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____

In case of emergency notify: _____

Family Physician _____

Phone (_____) _____

Family Insurance Co _____

Policy # _____

Immunizations: Tetnus _____ Polio Booster _____ Measles _____ Mumps _____

Past Medical History (Check giving appropriate information)

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble

_____ Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever

Allergies: Food _____

Penicillin or other drug (name) _____

Insect Bites/Stings _____

Poison sumac, oak or ivy _____

Other _____

Previous operations or serious illnesses (list): _____

Any current medications you are taking (list) _____

Special Diet: (name) _____

Childhood Diseases: __Chickenpox __ Measles __ Mumps __ Whooping Cough __ Other