

# Authorization for Medical Treatment

I, \_\_\_\_\_, am the parent or legal guardian of

\_\_\_\_\_,

Name of parent or guardian

Name of minor

hereinafter, "my child", who was born on \_\_\_\_\_, \_\_\_\_\_. My child is attending and participating in activities at First Baptist Church (hereinafter, "camp," "church," "school," etc.), located at 115 Idlewild Ave in the city of Easton, county of Talbot, and state of Maryland, beginning on the day of \_\_\_\_\_.

I hereby authorize the Youth Minister and his/her officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at First Baptist Church, into whose care my child has been entrusted, to consent to medical care or dental care, or both. I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the Youth Minister and his/her officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at the church to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Youth Minister and his/her officers, agents, servants, or employees who are 18 years of age or older who supervise the activities at this church.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adults in whose care the minor has been entrusted while traveling to and back from, attending and participating in activities sponsored by First Baptist Church of Easton.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

Also, I give permission to use photograph, video, or likeness of my son/daughter to be used in promotional materials for First Baptist Church ministries.



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