



**Student Ministry**  
Annual Medical Treatment Authorization Form  
**PARTICIPANT INFORMATION**

Participant name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Parent's Telephone Number: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Is sponsor authorized to obtain medical treatment?  Yes  No

Is participant covered by personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_

Policy/Group # \_\_\_\_\_

**PARTICIPATION AGREEMENT**

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participating in the activities involved in and of Cheraw First Baptist Church. The participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activities in and of Cheraw First Baptist Church. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activities and grants permission for any of the sponsor coordinators to obtain necessary medical information in case of sickness or injury. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If your insurance hasn't changed for the new year then all you have to do is initial:

Year	Initial
_____	_____
_____	_____
_____	_____
_____	_____

Please attach a front side and back side copy of your insurance card