

THE FATHER'S HOUSE, INC.
PARENTS AUTHORIZATION FORM

I hereby authorize the official sponsors of The Fathers House Church to secure medical treatment for the welfare of my child, _____, for all activities.

PERSONAL INFORMATION

Name of Child _____ Birth Date _____
Address _____ City _____ State _____
Zip Code _____ Telephone _____

INSURANCE INFORMATION

Type of Insurance: Group _____ Individual _____
Name of Subscriber _____
Relationship _____ Name of Employer _____
(Please attach a copy of your insurance card if applicable.)

MEDICAL INFORMATION

Family Doctor _____ Telephone Number _____
Current Medications _____
Family History of Bleeding: YES _____ NO _____
Explain _____
Date of Last Tetanus Shot _____
Any Allergies YES _____ NO _____
If Yes Explain _____

RELEASE STATEMENT

In the event of an emergency where medical treatment is required I give my permission to The Father's House and its representative to obtain services of a licensed physician. I also agree to not hold The Father's House or any of its approved representatives responsible for any injuries or loss if any accident may occur. Please attempt to notify me immediately concerning any such emergency.

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

Signature of Participant Date