

**Grace Baptist Church
Project Delta Registration Form**

Name _____ Birthdate _____ Grade _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Parents' or Guardians' Names _____

Phone _____ Email _____

My child has permission to ride the van to and from Project Delta. Yes _____ No _____

Grace Baptist Church has permission to take my child's picture and to publish it on the Project

Delta webpage. I understand my child will not be identified by name. Yes _____ No _____

Signed _____ Date _____

Medical Treatment Authorization Form

Minor

Full Legal Name _____ Date of Birth _____

Home Address _____

Information for Medical Treatment

Physician's name and location of practice: _____

Physician's Phone: _____

Medical Insurer/Health Plan _____ Policy # _____

Allergies to Medications _____

Allergies (Other) _____

Please note all conditions for which the child is currently receiving treatment: _____

Please note any other significant medical information: _____

Authorization and Consent of Parent(s) or Legal Guardian(s)

I do hereby state that I have legal custody of the aforementioned minor. I grant authorization and consent for the Grace Baptist Church youth staff to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Grace Baptist Church youth staff to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Grace Baptist Church youth staff in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through September 30, 2024.

Parent/Legal Guardian Signature _____ Date _____