



CHRIST'S CHURCH

**MEDICAL
CONSENT FORM**

Name: _____

Date: _____

Christ's Church Medical Consent Form

The purpose of this form is to aid in the protection and welfare of the young people and the adult volunteers of Christ's Church. Please complete the following questions.

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Birthdate: _____ Age _____ Male Female

If this form is for a child or student under the age of 18, please check the current school grade:

K 1 2 3 4 5 6 7 8 9 10 11 12

Parent/Legal Guardian: _____

Home Phone: _____ Cell Phone: _____

Alternate Contact: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

EMERGENCY

If attempts to reach the above contacts are unsuccessful, please try to reach our doctor or dentist.

Doctor: _____ Office: _____ Home: _____

Dentist: _____ Office: _____ Home: _____

HEALTH HISTORY

Please check all boxes that apply and list specific details on the next page of this form.

- Allergies Asthma Insect Bite/Sting Hay Fever
 Glasses/Contacts Orthodontic appliances Special diet (*list on next page*)
 Over-the-counter meds taken regularly (*list on next page*) Drug allergies (*list on next page*)

Major Problems

- Diabetes Nervous disorder Emotional handicap Physical handicap
 Epilepsy Seizure disorder Chronic asthma Mental handicap
 Cardiac Crohns disorder Injuries

Date of last Tetanus shot _____ Date of Hepatitis A shot _____

Please list any other medical needs on the next page.

INSURANCE INFORMATION

Should you or your child require medical treatment when participating in a Christ's Church event, your own family medical insurance will be the primary carrier and will be billed first. Christ's Church insurance will be the secondary carrier for submission of remaining medical costs. This does not guarantee that all remaining costs will be covered by insurance carried by Christ's Church.

Policyholder's Name: _____

Name of Insurance Company: _____

Policy Number: _____

Insurance Agent: _____

Group Pre-certification Number: _____

Insurance office phone: _____

CONSENT AGREEMENT

I/We, the undersigned, parent(s)/legal guardian(s) of _____, a minor, do hereby authorize the adult sponsors of Christ's Church, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, which is deemed advisable by, and is required to be rendered under the general or special supervision of, any physician or surgeon, and whether such diagnosis or treatment is rendered at the office of said physician or at a hospital or other health care facility. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which may be determined by a physician or surgeon, as aforesaid, to be advisable in the exercise of his/her best judgement.

Signature: _____ Date: _____
(Parent/Legal Guardian)

NOTARY

This form must be notarized before your child is eligible to go on any Christ's Church event. Your local bank or library may offer a free notary (you must provide the notary a legal form of identification, such as a valid driver's license).

Signature: _____ Date: _____