

# Parental Consent / Medical Treatment Form

## Beck's Baptist Church Youth Ministry Activities and Retreats

I, the undersigned parent or guardian of \_\_\_\_\_, do hereby authorize adult workers with the youth of Beck's Baptist Church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

I release Beck's Baptist Church and the trip chaperones from liability for injury or accident, and do give my permission to secure proper medical attention for above named youth should the need arise. I understand that I will be financially responsible for any expenses incurred due to medical care, travel expenses, etc. due to an accident or illness. I release Beck's Baptist Church from any financial responsibility that may be incurred due to sports injury, accident or illness.

Student's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Insurance Company or Group: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Are there any existing medical problems or medications that you are currently on? If Yes please list:

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

### **Please complete and sign below:**

(youth under 18 years of age require parent/custodial signature)

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Custodial Signature: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

### **Notary Public**

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_, personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My Commission expires \_\_\_\_\_

Signed: \_\_\_\_\_