

MEDICAL CONSENT FORM 2011-2012

(Valid may 1, 2011—August 21, 2012)

Student's Name _____ Age _____ Birth Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

School _____ Grade (fall, '11) _____

Mother's Name _____ Mother's cell # _____

Father's Name _____ Father's cell # _____

Family e-mail address _____

Student's e-mail address _____

Do parents live together? _____ If no, who is primary contact? _____

Home Church _____

If guest, friend with whom attending _____

To Whom It May Concern:

I (we), the undersigned, do hereby give permission for my (our) child, _____ to attend and participate in activities sponsored by Central Presbyterian Church (hereafter the Church) from now through August 15, 2012. I understand that youth activities, such as sports, trips and other activities carry with them a certain degree of risk.

I (we) authorize an adult, in whose care the minor is entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision of any physician or dentist licensed under the provision 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

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for his/her (their) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Church.

Medical Insurance Company _____ Emergency Phone #s _____

Policy Number _____

Medication(s) regularly taken _____

Below, please list any allergies, medical concerns or restrictions your child may have. Thank you!

SIGNATURE(S)

Father _____ Date _____

Mother _____ Date _____

Legal Guardian _____ Date _____

Please attach a copy of BOTH sides of your insurance card to this form. Thank you.