

Mt. Zion Baptist Church Student Ministry Parental Consent/Medical Treatment Form

I, the undersigned parent or guardian of _____ a minor, do hereby give consent for my child to participate in all church sponsored youth activities. He/ she will abide by the church rules. In case of an accident or injury I do not hold the church or sponsors responsible. I also give the church sponsors permission to treat my child in case of an emergency.

I, the undersigned parent or guardian of _____ a minor, do hereby authorize adult workers with the youth of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of an physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment rendered at the office of said physician or at said hospital.

Further, as a parent or guardian of the minor 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 necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

This Parental Consent/Medical Treatment form will be completed annually and will be good from August 1st to July 31st. If your student's insurance or medical information changes within the year, a new form must be completed.

Insurance Company or Group: _____

Insurance Co. Phone Number: _____

Member ID: _____ **Policy #:** _____

Participant's Name: _____ **Parent/Guardian:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____

Other Emergency Contact Number (if applicable): _____

Signature of Parent or Guardian
(Must be signed in presence of a notary)

Form must be notarized:

On this the _____ day of _____, _____ personally appeared before me

Day Month Parent or Guardian

_____, personally known by me, and in my presence executed the within and

notary name

foregoing permission / waiver form. Witness my hand and official seal this _____ day of _____,

Day Month

_____,

Year

Notary Signature: _____ **My commission expires:** _____

On the back of this sheet please list the following information concerning the participant: allergies, current medications being taken, medical conditions/surgeries/procedures, and any additional information of which you want us to be aware.