

PARENTAL CONSENT/ MEDICAL TREATMENT FORM

Name of Minor _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Mobile Phone (optional) _____

EMERGENCY CONTACT PERSON

Parent/Guardian Name _____ Relationship to Minor: _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Mobile Phone _____

ALTERNATE CONTACT PERSON

Name: _____ Relationship to Minor: _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Mobile Phone _____

If you have medical insurance your carrier will be billed for medical charges in the case of illness or injury while your child is participating in an activity sponsored by Mt. View Presbyterian Church.

Do you have health insurance? Yes No
Name of Insurance Company: _____ Policy # _____
Group # _____ In Whose Name is the Insurance? _____
Family Doctor: _____ City _____ Phone _____

If your child should require medical attention for injuries received or illnesses contracted prior to participating in an activity with Mt. View Presbyterian Church please send us the necessary information so that we may give him/her the proper medical care during the activity.

HEALTH HISTORY:

Pre-existing or present medical conditions: _____

Name and Dosage of any medications that must be taken: _____

Allergies: _____

Major illnesses during the past year: _____

Last Tetanus Shot: _____ Swimming Restrictions: _____

Activity Restrictions: _____

Any other important medical information: _____

STATEMENT OF PARENTAL MEDICAL AND LIABILITY RELEASE:

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the persons listed on this form. In the event I cannot be reached in an emergency I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary by a qualified physician.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by Mountain View Presbyterian Church and its agents during events and activities. I understand the possibility of risk. I agree not to hold Mt. View Presbyterian Church, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____

This form is valid until January 2011.