

Parental Consent / Medical Treatment Form
Youth Ministry, Activities, Retreats, and Missions Trips

January 1, 2012 – December 31, 2012

Calvary Baptist Church

650 South St., P.O. Box 460

Owosso, Michigan 48867

989-723-6663

I, the undersigned parent or guardian of _____, do hereby authorize adult workers with the youth of Calvary 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 for rendering such services.

I release Calvary Baptist Church, its employees, volunteer assistants, and those whose homes we may visit for youth events from liability for injury, accident, or death 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 Calvary Baptist Church from any financial responsibility that may be incurred due to injury, accident, or illness to the person or property undersigned.

Student's Name: _____

*Insurance Company or Group: _____ Policy Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Name of Parent or Guardian: _____

Emergency Contact Person: _____ Phone: _____

Are there any existing medical problems or medications that your teen is currently taking? If Yes, please list and explain:

Date of last tetanus shot: _____ Known Allergies: _____

Please complete and sign below:

Participant's Signature (if applicable): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

***To facilitate proper treatment of your child, please include a copy of the front and back of your family's insurance card along with any special instructions your insurance may require for emergency care. Thank You!**
