

Authorization for Medical Treatment

I, _____, am the parent or legal guardian of _____,
Name of parent or guardian Name of minor

Hereinafter, "my child", who was born on _____, _____. My child is attending and participating in activities with Southwinds Baptist Church, beginning on the day of May 1, 2016 and continuing through December 31, 2016.

I hereby authorize the Southwinds Baptist Church staff and their volunteers who are 18 years of age or older, who supervise the activities, into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician and/or surgeon. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a licensed dentist.

I further authorize the Southwinds Baptist Church and their volunteers who are 18 years of age or older, who supervise these activities to receive physical custody of my child upon completion of any treatment.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

Additional information

 Parent / guardian

 Address

 City

 State

 Zip

 Home phone

 Work phone

 Medical / health insurance company

 Insurance policy no.

 Insurance Co. phone no.

 Emergency Contact

 Relationship to minor

 Allergies / allergic reaction of my child

 Medicine being taken by my child

 Other information regarding my child's health that a doctor should know

Dated _____, _____

 Signature of parent or legal guardian

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco**
- No students can drive**
- No fighting, weapons, fireworks, lighters, or explosives**
- No offensive or immodest clothing**
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters**
- Participation with the group is expected**
- Respect property of other campers and leaders**
- Respect one another, staff, and adult leaders**
- Respect and comply with event schedules**

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

For students: please fill out the line below with the requested info.

Name of friend you want to be on team with during camp _____