



# **Parental Consent & Medical Treatment Form**

**Please attach a photo copy of your insurance card, both front and back.**

We/I, \_\_\_\_\_, the parent(s) or legal guardian(s) of \_\_\_\_\_, certify that we/I have been informed that our/my child will be participating in Spring Thing, sponsored by Central Church of Christ which may carry with it a certain degree of risk. Spring Thing might include swimming, hiking, camping, field trips, sports, skiing, and other activities offered by the church. We/I consent for my child to participate in these activities. By signing this form we/I will not and can not hold Central Church of Christ, employees of and or sponsors of Central Church of Christ and Spring Thing responsible for any accidents occurring at, en route, or near the event. I affirm that my child is physically fit and has the necessary skills to safely participate in these activities.

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize adult workers with the youth of Spring Thing 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 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 the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Insurance Company or Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**(Please print the following information)**

**Name of Participant:** \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**My signature confirms that I hereby give witness to the proper completion of this form by the minor's parent or guardian.**