

Calvary Christian Church Next Gen Ministry

Authorization to Consent to Medical Treatment of Minor Child during Parents' Absence

I, the undersigned parent or legal guardian of _____, hereby consent to his or her full participation in the activities and trips of Calvary Christian Church. I understand that accidents do happen, and hereby generally release Calvary Christian Church and its minister, youth coaches, and other employees, agents and representatives from any liability or other legal or financial responsibility for any accidental injury to the above-named child while he or she is under the supervision of such person(s).

In the event of any such accident or other situation in which the above-named child may require emergency medical or dental care, I hereby authorize any minister, youth coach, or other employee, agent or representative of Calvary Christian Church, in my absence, to seek out and consent to any necessary medical or dental care for the above named child; and further authorize any physician, dentist, other medical personnel, or medical or health care facility to rely on such consent and perform any necessary medical or dental care, including, without limitation, x-ray, and other diagnostic procedures, administration or anesthetics or medication, and surgery; and hereby ratify and confirm whatever consent to medical or dental care that may be given hereunder.

Persons to Contact in Case of an Emergency:

Name	Relationship to Child	Home/Cell Phone #	Work Phone #
1.			
2.			
3.			

The Child's Physician (Name) _____ Phone: _____

Information Regarding Medical Insurance Covering the Child is as Follows:

Insurance Company	Name of Employer	Employer Phone #
Name Primary Beneficiary	Group #	Insurance Phone #

Information Regarding the Child's Health:

Date of Birth: _____ Date of Last Tetanus Shot: _____

Current Medication(s) _____

Allergies: _____

Other Medical Information which the Minister, Youth Coaches, or Medical Personnel Should Know: _____

This Authorization shall be null and void 6 months from the date on this document.

Signature of Parent or Guardian (printed name of parent) _____ Date _____

Home/Cell Phone Number (street address, city, state, zip code) _____