

2008 MEDICAL CONSENT

CHRISTIAN CHURCH OF LEMON GROVE – YOUTH MINISTRY

PARENT CONSENT FOR MEDICAL TREATMENT FOR: _____
(complete name of child)

The undersigned, _____, parent of the above named minor, herein authorizes any Christian Church of Lemon Grove representative bearing this written authorization to consent to medical or dental treatment should it become necessary, by a licensed and qualified physician or dentist.

This written consent authorizes any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the American Medical Association or equivalent governing body constituted by the foreign government, whether in the United States, its territories or in a foreign country.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of said staff person to give specific consent to any and all such diagnosis, treatment or hospital/dental care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

It is understood that the possession and administration of the above named minors' personal medicine is the minor's responsibility. The undersigned herein authorizes the Christian Church of Lemon Grove representative to administer over-the-counter medications such as Tylenol, Pepto Bismol, cough medicine, etc., if it is determined that the minor is in need of such treatment for comfort and/or relief of symptoms.

It is understood that the undersigned agrees to reimburse the Christian Church of Lemon Grove for any expenses incurred in any medical, surgical or dental treatment. It will not be necessary to reimburse the staff for costs of over-the-counter medications as mentioned above.

We do not have medical insurance at this time.

Our medical insurance information is:

Physician Name: _____ Telephone Number: __ (____) _____

Address: _____
(number) (street) (city) (state) (zip)

Medical Insurance Company: _____

Subscriber: _____ Policy Number: _____

It is understood that if the Christian Church of Lemon Grove representative determines that the above named minor becomes too ill to remain at the function/event or if the director determines the minor's behavior is a continual problem, the undersigned agrees to pick up the minor from the specific event as soon as possible after being contacted by the staff.

LIABILITY RELEASE:

It is understood that the undersigned does also give permission for the above named minor to ride in any vehicle designated by the adults in whose care the minor has been entrusted while attending and participating in activities sponsored by the Christian Church of Lemon Grove.

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or it's employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

This authorization will remain in effect from **January 1, 2008 through December 31, 2008.**

Parent's or Guardian's Signature: _____

Date of Signature: _____

Over →

EMERGENCY INFORMATION 2008 (please print)

Name of Child: _____ Birthdate: _____
(month) (date) (year)

Address: _____
(number) (street) (apt) (city) (state) (zip)

Home Telephone: _(_____)_____ Grade: _____

IN EMERGENCY, NOTIFY: _____ Relation to Child: _____

Address if different from above: _____

Home Telephone: _(_____)_____ Work Telephone: _(_____)_____

MOTHER'S NAME: _____ FATHER'S NAME: _____

Mother's Work Telephone: _(_____)_____ Father's Work Telephone: _(_____)_____

Mother's Email: _____ Father's Email: _____

MEDICAL HISTORY

Date of last Tetanus shot: _____

Please indicate "P" for "PAST" or "C" for "CURRENT" problems:

- | | | |
|--|---|--|
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Frequent Stomach Upsets | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Severe Body Cramps | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Chronic Ear Aches | <input type="checkbox"/> Skeletal Abnormalities | <input type="checkbox"/> Hyperventilation |
| <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Other |

Allergies:

- | | | |
|--|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Drugs | <input type="checkbox"/> Food |
| <input type="checkbox"/> Animal | <input type="checkbox"/> Other: _____ | |

Please indicate specific allergy and reaction experienced. What action should be taken (or usually helps)?

Medications:

Please list any medications your child takes on a regular basis:

Medication:	Prescribed dosage:	Why this medication is necessary:

STUDENT AGREEMENT 2008

By signing this document, I am agreeing to obey all of the rules set forth by the Christian Church of Lemon Grove representatives. I am aware that if it is determined that I repeatedly violate the rules and my behavior is re-currently unacceptable, I will be dismissed from the event and that my parents will be asked to come to the event to take me home.

Student's Signature: _____ Date: _____