

# MEDICAL CONSENT FORM

## Singing Oaks Church of Christ Youth Ministry

Child's Full Name \_\_\_\_\_  
Last First Middle

Sex \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

If not available in an emergency, notify:

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

or

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does this child have any of the following allergies:

Penicillin _____	Other: _____
Insect Stings _____	_____
Ivy Poisoning, etc. _____	_____
Hay Fever _____	_____

Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in an activity?

Yes  No

If yes, describe the problems or illnesses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the name, address, medical specialty and phone number of this child's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the name, address, and phone number of this child's dentist (and orthodontist if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there medical or hospitalization insurance which provides benefits for this child? \_\_\_\_\_ If so, please indicate:

Name of Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_

Policy No. or Group No. of Insurance Policy \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Phone No. of Insurance Co. (\_\_\_\_) \_\_\_\_\_

Indicate the date of this child's last tetanus shot \_\_\_\_\_

Are there any activities, such as strenuous activities, to be restricted for this child? \_\_\_\_\_ If so, describe: \_\_\_\_\_

\_\_\_\_\_

Other comments or suggestions from the parent or guardian concerning this child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ agree to accept full financial responsibility for the medical treatment for my child, \_\_\_\_\_. I further understand that in the event my child requires medical or dental treatment while engaged in the activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the church's sponsors or any adult acting on behalf of the Youth Ministry with respect to the activity, as agent for me, to consent to any medical treatment and/or hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in a hospital.

I hereby release Singing Oaks Church of Christ, and its employees and sponsors from all liability and damages for personal injury or illness to my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Guardian)