

PARENTAL CONSENT FOR MEDICAL TREATMENT - MUST BE COMPLETED

A church always carries accident insurance for participants in any youth activity. Your son or daughter is planning to participate in one of these activities.

With the increasing sophistication of our medical systems, we find it more important to have parental release forms in the unlikely event of some serious injury requiring medical treatment.

This release gives us permission to take your child to the nearest available medical facility and have the necessary treatment administered. This is not necessary from our perspective, but from your perspective as most hospitals will not administer any medical attention to a minor without parental consent.

Therefore, please read the following statement and sign below. This will allow us permission to seek whatever medical attention we deem necessary for your child or children.

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give _____ (adult or youth leader in charge of group) permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary.

I give permission to those administering emergency treatment to do so, using those measures deemed necessary.

I absolve the above adult or youth advisors, Christian Endeavor Hawaii and Pu`u Kahea Conference Center from liability in acting on my behalf in this regard so long as these parties are not grossly negligent.

Name of child (Please print)

Age

Birth date

Signature of parent or guardian

Phone contact

Name of family doctor

Phone contact

If parent or guardian is not available, please call relative listed below:

Name of relative (please print)

Relationship

Phone contact

YOUR INSURANCE CARRIER: _____

Policy number _____

Group number _____

Limit of Liability _____

Date _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc., which may be needed in any treatment:

May have aspirin if needed? Yes ____ No ____ Aspirin substitute? Yes ____ No ____

List any dietary needs _____
