

## CONSENT FORM FOR TREATMENT OF A MINOR

The undersigned parent(s)/guardian(s) of \_\_\_\_\_ (“Child”), in the event that the undersigned cannot be contacted through reasonable efforts, hereby grant the bearer, a representative of River Terrace Christian Reformed Church (“Bearer”), permission to consent to and authorize emergency medical and hospital care and treatment for the child. A health care provider who acts in good faith reliance on Bearer’s consent and authorization for emergency medical and hospital care and treatment is held harmless from liability to the same extent as if the health care provider dealt directly with the undersigned parent(s)/guardian(s).

The undersigned will assume all responsibility for all costs incurred for the emergency medical and hospital care provided.

*Both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Parent/Guardian

Signed: \_\_\_\_\_  
Parent/Guardian

Name: \_\_\_\_\_  
(Printed)

Name: \_\_\_\_\_  
(Printed)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Day) (Evening)

### MEDICAL INFORMATION

Child’s Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name and phone of person to contact if Parent/Guardian cannot be reached:

\_\_\_\_\_

Child’s Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Known allergies:

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Medication currently taken: \_\_\_\_\_

Known medical problems: \_\_\_\_\_

Health Insurance Company and Policy Number: \_\_\_\_\_

\_\_\_\_\_

## LIABILITY WAIVER AND RELEASE

1. The undersigned, for themselves and Participant, and for Participant's heirs and legal representatives, hereby forever release River Terrace Christian Reformed Church and its officers, trustees, employees, volunteers, agents and all organizations in partnership from any losses, liabilities, damages, causes of action or claims whatsoever relating to past, present or future acts or omissions in any way related to or arising from Participant's participation in River Terrace Christian Reformed Church activities including, but not limited to, participation in \_\_\_\_\_.
  
2. Participant and Participant's parents, heirs, and guardians shall indemnify and hold harmless River Terrace Christian Reformed Church, and its officers, trustees, employees, volunteers, agents and all organizations in partnership from and against all losses, liabilities, damages, causes of action or claims arising from any acts of Participant.

*Both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Parent/Guardian

Signed: \_\_\_\_\_  
Parent/Guardian

Name: \_\_\_\_\_  
(Printed)

Name: \_\_\_\_\_  
(Printed)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Day) (Evening)

### PARTICIPANT'S PROMISE

I will obey the rules of conduct for participants and cooperate with the directions given by the activity leaders.

\_\_\_\_\_  
Participant