

Authorization for Medical Treatment

Event Name: Junior High Adventure Camp 2019

Student Information

Student Name _____ Gender _____ Grade _____

Parent / guardian Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Mobile phone _____

Medical / health insurance company _____ Insurance policy no. _____

In case of emergency, if parent/guardian can't be reached, notify phone _____ Relationship to minor _____

Allergies / allergic reaction of my child _____

Medicine being taken by my child _____

Please list any major surgeries or medical issues that happened within the past 5 years in the space below. Please also give any other information regarding your child's health that could be important for doctors or leaders to know:

*****This form should be turned into Lindsey Oliva or the Student Ministry Drop Box by July 14. IF your child has special needs, allergies, or conditions that would be important for the leadership to consider as they plan and prepare for the retreat, please take the time to give the student ministries staff a phone call.**

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Additional Information

I, _____, am the parent or legal guardian of _____,
Name of parent or guardian Name of minor

hereinafter, "my child", who was born on _____, _____. My child is attending and participating in activities with Hope Church (hereinafter, Name of organization

"camp," "church," "school," etc.), located in the cities of Oregonia and Various Cities, states of Ohio, beginning on the day of July 18, 2019 and ending on July 20, 2019. I hereby authorize Hope Church and his/her officers, agents, and his/her servants, or employees who are 18 years of age or older, who supervise the activities at Oregonia & Various Locations

Camp / church

into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further authorize the Hope Church and his/her officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at the Oregonia & Various Locations to receive physical custody of my child upon

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completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Hope Church Student Ministry and his/her officers, agents, servants, or employees who are 18 years of age or older who supervise the activities at this Oregonia & Various Locations

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It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon. In addition, I have, and do hereby release Hope Church, its staff, employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent/guardian will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in recreation activities and/or other activities related to participation in youth functions.

Dated _____, _____

 Signature of parent or legal guardian