

# Hope Presbyterian Church

11121 Leavells Road | Fredericksburg, VA 22407 | 540-898-4673

## Parental Consent for Medical Treatment

With the increasing complexity and sophistication of medical systems, we are finding it necessary to have parental consent forms in the unlikely event of some injury or illness to youth involved in church outings.

This release gives youth leaders permission to take your child to the nearest available medical facility and have necessary treatment administered. This is not necessary from our perspective but from yours as many hospitals will not administer any medical attention to a minor without parental consent. We will, of course, attempt to contact parents immediately in the event of any incident.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE THE YOUTH LEADERS OF HOPE PRESBYTERIAN CHURCH 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 HOPE PRESBYTERIAN CHURCH AND ITS YOUTH WORKERS FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD AS LONG AS THEY ARE NOT GROSSLY NEGLIGENT.

I recognize conditions in some places to which my child will travel are not of the same standard as conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to personnel and property, and I agree to the participation in this event of my minor child, voluntarily assuming such risks. If for any reason my child is unable to complete the planned stay at this event, I assume full responsibility for expenses incurred for my child's return home.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone(s) of Parent(s) or Guardian \_\_\_\_\_

Cell phone(s) of Parent(s) or Guardian \_\_\_\_\_

**If parents are not available, please call the relative or other individual listed below:**

Name and Relationship to parent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

The additional medical history and information below would also be helpful.

Allergies (Including Medications) \_\_\_\_\_

Date of Last Tetanus Shot/Booster \_\_\_\_\_

Medications Presently Being Taken \_\_\_\_\_

BE SURE TO TAKE AN AMPLE SUPPLY OF YOUR REGULAR MEDICATION WITH YOU TO THE EVENT. CARRY ALL PRESCRIPTIONS IN ORIGINAL, LABELED CONTAINER!

**There's stuff on the back →**

Check all the following that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies                      | <input type="checkbox"/> Dizziness or fainting          |
| <input type="checkbox"/> Hay fever                      | <input type="checkbox"/> Respiratory problems           |
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Heart problems                 |
| <input type="checkbox"/> High blood pressure            | <input type="checkbox"/> Wear eyeglasses                |
| <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Wear contact lenses            |
| <input type="checkbox"/> Operation/surgery in last year | <input type="checkbox"/> Braces, retainers, orthodontia |
| <input type="checkbox"/> Bee/wasp sting reaction        | <input type="checkbox"/> False teeth                    |
| <input type="checkbox"/> Penicillin allergy             | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Epilepsy                       |   |

Any conditions an attending physician might need to be aware of (contact lenses, false teeth, etc.) or any other information that would be important or helpful to youth leaders. \_\_\_\_\_

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### INSURANCE INFORMATION

Parent or Guardian's Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Policy \_\_\_\_\_

This form is current for a period of one year from date signed accompanied by an Event Permission Form

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing above and checking this box, I agree and understand that by signing the this Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature. I further agree my signature on this document is as valid as if I signed the document in writing.

Additional Condition Information