

PARENTAL CONSENT FOR MEDICAL TREATMENT

With the increasing sophistication of our medical systems, we are finding it expedient to have parental release forms in the unlikely event of an 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 many hospitals will not administer any medical attention to a minor without parental consent.

Therefore, would you please read the statement in capital letters below and add your signature to it. All that this does is give us the permission to seek whatever medical attention we deem necessary.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME.

IF I CANNOT BE REACHED, I HEREBY GIVE REPRESENTATIVES OF THE INTERNATIONAL PROTESTANT CHURCH OF ZURICH (IPC) THE PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY THESE INDIVIDUALS. I GIVE PERMISSION TO THOSE ADMINISTERING EMERGENCY TREATMENT TO DO SO, USING THOSE MEASURES DEEMED NECESSARY. I ABSOLVE IPC AND ITS REPRESENTATIVES FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD SO LONG AS IPC NOT GROSSLY NEGLIGENT.

Name of child _____ Date of Birth _____
(please print)

Signature of parent or guardian _____

Place _____ Date _____

Student Address

Parent or guardian's name (please print) _____

Parent phone number(s) – please include mobile numbers _____

If parents are not available, please call relative below:

Name _____ Phone _____

Address _____

Does your child have any allergies? _____ (yes or no) If yes, please specify: _____

Does your child have any physical or medical conditions which would influence medical treatment? Please describe: _____

Child's insurance company _____ Phone # _____

Child's insurance company address _____

Insurance policy number: _____

Youth Group Fall Retreat Permission Slip

When: September 29-October 1 (2 nights, Friday-Sunday)

Where: Pfadihaus St. Justus, Gimsastrasse, 8890 Flums

Cost: 50 CHF + train ticket to/from Flums (paid in cash, or by TWINT to 078 795 06 79). **If the price is any problem, please contact me (we can definitely help cover costs, it is no problem at all).** If paying by TWINT, please write your name in the description.

Other: Exact times and details to follow

If you have any questions/concerns, please contact me (Nathan Wannemacher) at 078 795 06 79 or youth@ipc-zurch.org.

Student Full Name: _____

Student Phone Number: _____

Parent/Guardian Full Name: _____

Parent/Guardian Phone #: _____

Parent/Guardian Email Address: _____

Emergency Contact Name (in case parents/guardian not available): _____

Emergency Contact Phone #: _____

Any Dietary Restrictions/allergies? If yes, describe on the line: _____

By Signing below, I am giving permission for my student to attend the Youth Group Fall Retreat OR I am over 18, and by signing below I am signing up for the Youth Group Fall Retreat.

Signature of guardian/over 18: _____

Place: _____

Date: _____