

# **Mt. Zion Baptist Church Student Ministry Parental Consent/Medical Treatment Form**

I, the undersigned parent or guardian of \_\_\_\_\_ a minor, do hereby give consent for my child to participate in all church sponsored youth activities. He/ she will abide by the church rules. In case of an accident or injury I do not hold the church or sponsors responsible. I also give the church sponsors permission to treat my child in case of an emergency.

I, the undersigned parent or guardian of \_\_\_\_\_ a minor, do hereby authorize adult workers with the youth of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of an physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment rendered at the office of said physician or at said hospital.

Further, as a parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Insurance Company or Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insurance Co. Phone Number: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Other Emergency Contact Number (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian  
(Must be signed in presence of a notary)

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### **Form must be notarized:**

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ personally appeared before me  
Day Month Parent or Guardian

\_\_\_\_\_, personally known by me, and in my presence executed the within and  
notary name

foregoing permission / waiver form. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_,  
Day Month

\_\_\_\_\_.  
Year

Notary Signature: \_\_\_\_\_ My commission expires: \_\_\_\_\_

On the back of this sheet please list the following information concerning the participant: allergies, current medications being taken, medical conditions/surgeries/procedures, and any additional information of which you want us to be aware.