



WESTSIDE

christian church

MEDICAL CONSENT FORM

We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of _____, a minor, and have given our consent for him/her to participate in a trip to _____ with Westside Christian Church. In the event that he/she is injured while attending this event and requires the attention of a doctor, we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without our consent, we hereby authorize Evan Norris or any other adult sponsor representing Westside Christian Church to give such consent for us if we cannot be reached by telephone at one of the numbers indicated below or, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, we agree to hold such person free and harmless from any claims, demands, or suits for damages arising from giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

Telephone Numbers:

Home: _____ Work: _____
Cell 1: _____ Cell 2: _____
Other: _____

Emergency Contact (in the event the parents/legal guardians cannot be reached):

Name: _____ Phone: _____ Relationship: _____

Insurance Information:

Company: _____
Name or Primary Insured: _____ Policy#: _____
Group#: _____ Phone#: _____
Address: _____

Please list any current Medical Information (allergies, conditions, medications & schedules, etc.):

Signatures (please indicate relationship to the student):

1) _____ Relationship: _____ Date: _____
2) _____ Relationship: _____ Date: _____

