

Youth Permission/Medical Form Shelton Park Church of God

Name _____

Age _____

Birthdate _____

Address _____

Phone _____

Cell _____

City _____ State Zip _____

Parent(s) or Guardian(s) _____

Parent's phone, other than home (work, cell) _____

To Whom It May Concern:

The undersigned does hereby give permission for my/our child a minor to attend and participate in the activities sponsored by the youth ministry at Shelton Park Church of God listed below:

Activity _____ Date _____

We (I) authorize an adult (if neither we nor the named alternate can be reached), in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any adult-driven vehicles designated by the adult in whose care a minor has been entrusted while attending and participating in activities sponsored by Shelton Park Church of God

Hospital Insurance Yes___ No___ Insurance Company _____ Policy

No _____

Emergency Contacts Name/ Relation/ Phone _____

Parent(s) or Guardian(s) SIGNATURE _____

Date _____

****ON THE REVERSE SIDE, PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL PROBLEMS, OR MEDICATIONS FOR CHILD. IF POSSIBLE, ATTACH A COPY OF YOUR INSURANCE CARD.**