

*****Please attach a copy of both sides of appropriate insurance card and update it as changes occur.*****

Medical insurance company _____ Policy / ID # _____

Treatment Authorization Phone Number _____

Emergency contact _____ Home # _____ Cell # _____

NAME & RELATIONSHIP

Physician _____ Office phone _____

Medical History

If necessary, describe in detail the nature of any physical and/or psychological ailment, illness, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form.

1. **List prescription medications and dosages that must be taken.** Can the youth administer these themselves?
2. List and describe any allergies and reaction.
3. Does your child suffer from, ever experienced, or is being treated for any condition(s) we should be made aware of?
4. Date of last tetanus shot _____
5. Please list and explain any major illnesses the child experienced during the last year.

Medical Treatment Authorization

I hereby authorize the Concord United Director of Student Ministry and his/her adult leaders who supervise the activities and into whose care my child has been entrusted, to consent to medical care or dental care, for my child. The authority granted by this authorization includes the authority to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further authorize the above-named agents of Concord United to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the same agents.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise of his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon. All effort will be made to contact the parent or guardian before care is given.

Medical Liability Release

I/We the undersigned have legal custody of the student named above, a minor, and give our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as described above by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided to the Church is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministry staff member.

Parent/Guardian's Signature

Date

