



## Consent Form for Minor Child – Medical and Transportation Valid September 2009-August 2010

Parent/guardian must read and complete entire form. In the event of an emergency, this form will be essential for parent/guardian contact and for your child(ren)'s medical care. Make sure to sign and date parts 4 and 5.

### **Part 1: Parent/Guardian Contact Information**

Parent/Guardian Name(s): \_\_\_\_\_

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

Home Phone\*: \_\_\_\_\_ Work Phone(s)\*: \_\_\_\_\_

Cell Phone(s)\*: \_\_\_\_\_

*\*Please place a (\*) next to the number that you would like us to call you at **first** in the event of an emergency.*

Church Membership (if other than Kelloggsville Church): \_\_\_\_\_

In the event that the parent or guardian cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Info: \_\_\_\_\_

### **Part 2: Physician, Hospital, Insurance Information**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # (if available): \_\_\_\_\_

### **Part 3: Minor Child(ren) Information**

Child Name: _____ Age: ____ DOB: _____ Grade: ____ Allergies: _____ _____ Medications (prescription and OTC): _____ _____ Year of last Tetanus Shot: _____ Any Medical Conditions? _____ _____	Child Name: _____ Age: ____ DOB: _____ Grade: ____ Allergies: _____ _____ Medications (prescription and OTC): _____ _____ Year of last Tetanus Shot: _____ Any Medical Conditions? _____ _____	Child Name: _____ Age: ____ DOB: _____ Grade: ____ Allergies: _____ _____ Medications (prescription and OTC): _____ _____ Year of last Tetanus Shot: _____ Any Medical Conditions? _____ _____
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**Part 3, cont.: Minor Child(ren) Information**

Child Name: _____ Age: ____ DOB: _____ Grade: ____ Allergies: _____ _____ Medications (prescription and OTC): _____ _____ Year of last Tetanus Shot: _____ Any Medical Conditions? _____ _____	Child Name: _____ Age: ____ DOB: _____ Grade: ____ Allergies: _____ _____ Medications (prescription and OTC): _____ _____ Year of last Tetanus Shot: _____ Any Medical Conditions? _____ _____	Child Name: _____ Age: ____ DOB: _____ Grade: ____ Allergies: _____ _____ Medications (prescription and OTC): _____ _____ Year of last Tetanus Shot: _____ Any Medical Conditions? _____ _____
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**Part 4: Authorization for Medical Care**

In the event that my/our child should require a medical, dental, or surgical diagnosis; x-ray examinations; and/or hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, and I/We cannot be reached, I/We hereby authorize any adult ministry volunteer or paid staff of Kelloggsville Christian Reformed Church to act on my/our behalf, and to authorize medical care for my child(ren) on my/our behalf. I/we expect to be contacted as soon as possible.

I/We release the above-mentioned individuals, and Kelloggsville Church, from any liability for accidents, injuries, or any other problems my/our child may encounter during meetings or events.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Non-Family Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Hospital/Med Centers consider this form invalid without the signature of a non-family witness.*

**Part 5: Authorization for Transportation**

I/We understand that throughout the year there may be events sponsored by Kelloggsville Christian Reformed Church which will require transportation of my child(ren). As parents/guardians, I/We consent to have my/our child(ren) be transported to and from such events. I/We understand that drivers of the vehicles in use will have a valid driver's license and will abide by state and provincial requirements for safety.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*-Use the space below for any other important information regarding your child(ren) -*