

# MEDICAL TREATMENT RELEASE FORM

As a parent/guardian, I do hereby authorize the treatment of named minor, by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Address of Minor: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Emergency Phone: \_\_\_\_\_

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

In case of emergency, contact:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

List allergies, medication, or other medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Other Medical conditions that you should be aware of, are: \_\_\_\_\_  
\_\_\_\_\_

Health Insurance: Policy Holder's Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Group #: \_\_\_\_\_  
Company: \_\_\_\_\_

Reason for which release is intended: \_\_\_\_\_

This release form is completed and signed on my own free will with the sole purpose of authorizing medical treatment under emergency circumstance in my absence.

This form must be completed for your child(ren) to travel with \_\_\_\_\_ AME Church.

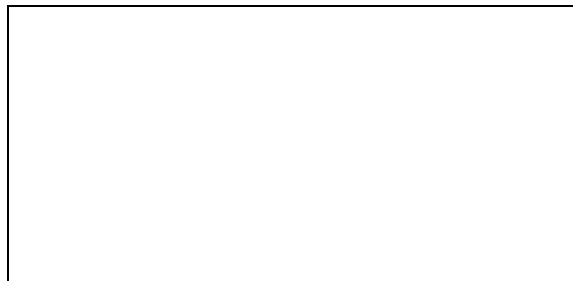
\_\_\_\_\_  
Signature of Parent(s)/Legal Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Notary's Official Signature)

(Notary Seal)

\_\_\_\_\_  
(Commission Expiration)



## CONSENT/LIABILITY FORM

To Whom It May Concern:

I (We) the parent/legal guardian do hereby give permission for our/my child \_\_\_\_\_,

To attend and participate in activities and events sponsored by \_\_\_\_\_ AME Church. In allowing my child to attend sponsored events, I agree to enforce and encourage my child to follow the rules and regulations set out by \_\_\_\_\_ AME Church. All youth are to be released into the hands of a qualified chaperone.

I (We) understand that no youth will be allowed to freely roam without a chaperone, nor will they be released until the set time for their session(s) to end. Youth are to be escorted by chaperones, AT ALL TIMES.

I (We) authorize an adult chaperone, in whose care the youth has been entrusted, in the event of an emergency to consent to an X-Ray examination, anesthetic, medical, surgical diagnosis, or treatment and hospital care, to be rendered to the minor under the general supervision and on the advice of any physician under provision of the Medical Practice Act on the medical staff of a licensed hospital.

I (We), the parent/guardian will be liable and agree to pay all cost and expenses incurred in connection with such medical services rendered to my child. Should it become necessary for our/my child to return home due to medical reasons or otherwise, I the parent/guardian agree to assume all transportation cost.

I (We) , the parent/guardian do also give permission for my/our child to ride in any vehicle designated by the adult chaperone in whose care the minor has been entrusted while attending and participating in activities \_\_\_\_\_ AME Church.

I (We) , the parent/legal guardian do hereby release, forever discharge and agree to release the \_\_\_\_\_ AME Church and the directors thereof from any and all liability, claims, or demands.

\_\_\_\_\_  
Signature of Parent(s)/Legal Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chaperone/or Pastor

\_\_\_\_\_  
Date