



Youth Name: _____

PARENTAL CONSENT/MEDICAL TREATMENT FORM
Lee's Summit Christian Church
800 NE Tudor Rd.
Lee's Summit, MO 64086

*****PLEASE PRINT*****

PARTICIPANT'S NAME _____ M / F

BIRTH DATE _____ GRADE (completed) _____ SOC. SECURITY # _____

ADDRESS _____ CITY/ST _____

ZIP _____ PHONE _____

PARENT/GUARDIAN _____

WORK # _____ CELL # _____

WORK 2 # _____ CELL 2# _____

Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

List any medication participant takes regularly _____

List any health concerns _____

List any known allergies _____

Please check medications adult sponsors may give your child (All medications will be administered in accordance with manufacturer's directions):

Aleve___ Tylenol___ Benadryl___ Ibuprofen___ Tums___ Pepto-Bismol___ Other_____

Instructions to sponsors/minister _____

In the event of illness or accident, AND THE PARENTS CANNOT BE REACHED, please provide the name of an EMERGENCY CONTACT:

Name _____

Relation to participant _____

Phone _____

.....



Youth Name: _____

**PARENTAL CONSENT/MEDICAL TREATMENT FORM
CONT'D**

**Lee's Summit Christian Church
800 NE Tudor Rd.
Lee's Summit, MO 64086**

I, the undersigned parent/guardian of _____, a minor, do hereby authorize adult sponsors with the youth of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such a diagnosis or treatment is rendered at the office said physician or at said hospital.

Further, as parent/guardian of the minor named above, I do hereby expressly consent that my child may receive emergency medical treatment from any physician, hospital or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Further, I will not hold any driver or chaperone/sponsor/minister personally responsible for any accident which may occur during this event.

I agree to hold all persons making such decisions free and harmless of any claims, demands or suits for damages arising from the giving of such consent.

Signature _____ Date _____

State of _____ County of _____

SS: Before me the undersigned, a **Notary Public** for _____ County, State of _____

Personally appeared _____ and acknowledge the execution of the foregoing instrument this day of _____, 20__.

Signature _____ Notary Public

My commission expires: