

**Shawnee Community Christian Church
Youth Group Permission Form for Travel and Medical Consent Form**

Event: Micah Ministry Service Project. Youth will meet at the church at 4:30 pm to travel to Micah Ministry. Youth will return to church by 8:00 pm.

Name of Youth _____ DOB _____

Address _____

City, State, Zip _____

Youth Email _____ Youth Cell Phone _____

Parent/Guardian Name: _____

Parent/Guardian Contact # _____ Parent/Guardian Email _____

Parent/Guardian Name: _____

Parent/Guardian Contact # _____ Parent/Guardian Email _____

Medical Conditions/History

My child suffers from:

ADD/ADHD Asthma Diabetes. Epilepsy Hay Fever Heart Condition High Blood Pressure

Physical Handicap: _____

Other Condition Not Listed: _____

Current Medications, including name of drug and prescribed dosage:

Family Physician: _____ Phone: _____

Insurance Company _____ Policy # _____ Group # _____

Will you allow blood transfusions? **Y** **N** Parent/Guardian initials _____

Parent/Guardian initials _____

Any swimming restrictions? **Y** **N** Specify: _____

Any activity restrictions? **Y** **N** Specify: _____

In case of emergency and parents/guardians cannot be reached, please contact:

Name: _____ Relationship: _____

Daytime Phone: _____ Other Phone: _____

Permission to Transport

The undersigned does hereby give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Shawnee Park Christian Church.

Emergency Care Authorization

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the licensed physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

Authorization of Consent to Treatment of Minor

I/We, the undersigned, parent(s) of a minor, do hereby authorize Shawnee Community Christian Church youth ministry leaders, as agent(s) for the undersigned to consent to an x-ray examination, anesthetic, medical/surgical diagnosis or treatment, dental diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician, surgeon, or dentist licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

This authorization is given pursuant to the provisions of the Civil Code of the State of Kansas. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and/or 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.

Secondary Insurance Only

Shawnee Community Christian Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church sponsored activity.

Liability Release

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in church sponsored activities. They also agree not to hold this church or its employees or volunteers liable for damages, losses, or injuries to the person or property undersigned.

The parents/guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release as printed on this form.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____