



TIGARD CHURCH OF GOD

PARENTAL CONSENT / MEDICAL RELEASE FORM

This form is to be completed and kept on file in the church office.

Parental Consent / Medical Treatment / Personal Info.

It is sometime necessary for a parent or guardian to give permission for their children to participate in organized activities such as those provided by the Tigard Church of God. This Parental Consent / Medical

Release Form allows each parent or guardian to give consent for their child or youth to participate in the events and activities the Tigard Church of God provides. This consent form also grants those who organize these events and activities the power to make health care decisions on behalf of each child/youth who participates. In the event of a medical emergency the youth director/leader in charge is given permission to obtain treatment from a certified physician or dentist as deemed medically necessary. This form must be signed by a parent(s) or guardian(s) and presented at the time of treatment. This form may be revoked at any time by written authorization from the same parent(s) or guardian(s) and submitted to the church office or youth director directly. ***(Please fill out two (2) copies of this form for each participant for our files as originals. The use of an original document is required when involved in any activity.)***

Child's Name

Date of Birth

Home Address

Home Phone Number

City, State, Zip Code

Phone Number

Parental Contact (Print Name – signature below)

Phone Number

Cell Phone Number

Youth worker/Leader in charge information

Pastor / Director / Leader of Youth Ministries, Tigard Church of God

503-639-4000

Phone Number

The above named shall be authorized to consent for all medical and/or surgical treatment and/or other medical procedures (including administration of anesthesia, blood transfusions, diagnostic tests, etc.), for the above named child, which may be required during my absence. If circumstances permit, I would like to have our doctor consulted in connection with such treatment.

Please attempt to contact me at the following telephone number(s): _____

This consent form serves as permission for treatment by a certified doctor/physician/dentist or medical professional with at least two attending doctors/physicians/dentists or medical professionals in agreement upon appropriate treatment. **Note:** *Consent is not required in emergency situations.* I, (the parent/guardian) agree to pay for all medical or dental treatment(s) or services provided for my child in my absence. ***This authorization shall be effective for an indefinite period of time unless otherwise stated. This form may be revoked at any time by a parent / guardian in writing to the current church youth leader listed above or church office.***

MEDICAL Insurance Information Please print and be thorough.

Name Insurance Company

Phone Number

Address

Insurance Policy Number

Group Number

Hospital Normally Utilized

Phone Number

Primary Care Physician Name

Phone Number

Chronic or existing medical conditions

(E.G., Asthma, Seizures, Diabetes) Please describe any and all conditions we should be aware of and what medications this youth is taking if any.

Known Allergies

Please place a check mark next to each which applies.

- Anesthetics _____, _____
- Aspirin
- Codeine
- Demerol
- Antibiotics _____, _____
- I.V.P. Dyes
- Morphine
- Novocain
- Penicillin
- Shellfish
- Tetanus Toxoid
- Insect Stings
- Other _____
- Other _____
- Other _____

Conflict Resolution or Impasse

In the event that a dispute arises which possibly may lead to litigation on either party's behalf, with the signing of this Parental Consent / Medical Release Form, you agree in such situations to the best possible resolution by individual conversation or with a neutral third party present. If this is not sufficient, a mutually agreed upon arbitrator will be selected and the arbitrators decision will be the final decision on said issue considered as the final resolution.

It is the intent of the Tigard Church of God to do everything within our power to make certain that the safety of your children and youth is of the highest priority while in transport, during all meeting or activities and return transport to a predestinated place or home.

Parent Initial _____ Youth Leader Initial _____

Parent(s) / Guardian(s) Signature: _____ Date: _____

Parent(s) / Guardian(s) Signature: _____

Disclosure:

Failure to complete this form in it's entirety, with correct and current information, including dating and signature, may preempt your child or youth from participation in future events or activities. If at any time it is discovered that the signature on this form, or any other permission form, is not that of the parent or guardian, child or youth will not be allowed to participate in events and activities.