

## Parental Consent / Medical Treatment Form

**Name of church:** Le Mars Bible Church

**Youth Leader:** Mike Sluiter

**Activity:** Ascend Summer Camp

**Date:** June 28 – July 2, 2017

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize adult workers 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 diagnosis or treatment is rendered at the office of the said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter 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.

I further agree not to hold the church or anyone acting in its behalf responsible for any injury occurring to the above named person in the proper course of such activities or travel.

\_\_\_\_\_  
Signature of Parent or Guardian

Insurance company or group: \_\_\_\_\_

Policy number: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### DISCIPLINARY RELEASE

I understand that the above named child will be required to follow the rules and guidelines. I further understand that if the above named child refuses to cooperate and follow the rules and guidelines (and it is deemed necessary by the youth leaders), I, as parent or legal guardian, will be required to come and bring my child home, or find other arrangements for them to be picked up. I also understand that in the event the above child is required to leave, there will be no refund of any fees.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date