



Becker Evangelical Free Church

Parental/Guardian Consent for Medical Treatment

Please fill in every blank. Today's Date: ___/___/___ (forms need to be updated annually)

We, the undersigned, parents/guardians of _____ (student's name), a minor, do hereby authorize the youth ministry leaders, Chris Salvevold and all other screened and trained volunteers, of Becker Evangelical Free Church (hereafter referred to as BEFC) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical 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 and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at 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 agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Release of Becker Evangelical Free Church:

_____ [Parent(s)/Guardian(s) Name(s)], shall indemnify, hold free and harmless, assume liability for, and defend BEFC, its agents, servants, employees, officers, trained volunteers, and directors from any and all cost and expenses including, but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which BEFC, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____'s (Student's Name) use of real or personal property belonging to BEFC, its agents, servants, employees, officers, trained volunteers, and directors, or by action of omission by _____ (Student's Name).

Name of Student: _____ Birthdate: ___/___/___

Address: _____

Social Security #: _____ - _____ - _____ Hm Ph #: _____ - _____ - _____ Wk Ph #: _____ - _____ - _____

Cell Ph #: _____ - _____ - _____ I/We authorize the use of photographs of my child for posting in the church, on the church's web site, and/or for promotional use: ___yes ___no

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

IF parent(s)/guardian(s) not available, please contact the following as an emergency contact:

Name(s): _____ Relation: _____

Hm Ph #: _____ - _____ - _____ Wk Ph #: _____ - _____ - _____ Cell Ph #: _____ - _____ - _____

Address: _____ City: _____ Zip: _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, prescriptions student has (these need to be turned in to youth ministry staff), etc., which may be needed before any treatment:

Last Tetanus Immunization: ___/___/___ Contact Lenses?: ___ Yes ___ No

Do you give permission for your child to take over-the-counter medication if necessary? _____ (i.e.: for headache, pain from mild injury, constipation or upset stomach)

Parent/Guardian's Insurance Company: _____

Parent/Guardian's Policy Number: _____

Parent/Guardian's Insurance Company Address: _____

Family Doctor's Name: _____ Family Doctor's Wk Ph #: _____ - _____ - _____

Will you allow blood transfusions? ___ If yes, parent(s)/guardian(s) must initial here: _____ ; _____

Other comments: _____

back if necessary)

(use