CLOVERDALE CHURCH OF CHRIST

3000 East Park Avenue ~ Searcy, AR 72143
Phone: 501-268-4553

PARENTAL CONSENT FORM

Subject: Waiver of Liability / Authorization for Medical Treatment of Minor

I (we) give my (our) permission for _____ to attend the following:

Activity: _____

Date(s): _____

I (we) realize that this trip / outing / activity is being offered by the Cloverdale Church of Christ and will not hold this party responsible for accidents. **I (we) give the sponsors / chaperones on this trip / outing / activity the right to correct and discipline the above mentioned child for behavior deemed inappropriate and in order to promote a good atmosphere for all involved.**

I, do hereby authorize adult workers with the Cloverdale Church of Christ as agents for the undersigned, 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 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 harmless any physician, hospital, or other medical center for rendering of such services.

INSURANCE INFORMATION

INSURANCE COMPANY NAME: _____

POLICY NUMBER: _____

POLICY HOLDER (Full Name/Middle In.): _____

SOCIAL SECURITY # OF POLICY HOLDER: _____

PLACE OF EMPLOYMENT: _____

EMPLOYMENT ADDRESS: _____

EMPLOYMENT PHONE: _____ **EMERGENCY PHONE:** _____

*Any allergies or medical information that needs to be known: _____

_____

Signature of Parent or Guardian: _____ Date: _____