

Your son or daughter will need this on file or with them for any day trip, retreat, or camping experience.
Send it in and we will keep it on file

CHRIST MEMORIAL CHURCH

PARENTAL CONSENT FOR MEDICAL TREATMENT OF MINOR

Name of Parent or Guardian (please print)

Name of Child (please print)

Name of Parent or Guardian (please print)

Emergency Phone Number(s)

Emergency Phone Number(s)

The parent(s) or guardian(s) listed above have temporarily entrusted the child to the care of Christ Memorial Reformed Church and its adult staff members. If after reasonable attempts are made to contact the parent(s) or guardian(s), the parent(s) or guardian(s) are unavailable:

The parent(s) or guardian(s) authorize Christ Memorial Reformed Church and the adult members of its staff to consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis and/or treatment, hospital care, and/or dental care for the child which is recommended by a licensed medical care provider and which will be performed by a licensed medical care provider, licensed within the state or country where the services are to be performed. **Special medical care information for the child is on the reverse side of this form.**

The parent(s) or guardian(s) understand that this authorization is given before any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and or hospital care is required, but is given to provide authority and power to Christ Memorial Reformed Church and its adult staff members to give specific consent for medical or dental treatment or hospital care when advised by a licensed medical care provider and when the child's parents are unavailable to give consent.

The parent(s) or guardian(s) authorize any hospital which has provided treatment to the child to return physical custody of the child to Christ Memorial Reformed Church and its adult staff members when treatment is completed.

The parent(s) or guardian(s) agree to fully pay for any and all costs of medical or dental care provided to the minor and consented to by Christ Memorial Reformed Church and/or its adult staff members. **Medical Insurance Information is on the reverse side of this form.**

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL REVOKED IN WRITING AND DELIVERED TO CHRIST MEMORIAL REFORMED CHURCH.

Dated: _____

(parent or guardian signature)

Dated: _____

(parent or guardian signature)

Please fill out both sides of this form!

Christ Memorial Reformed Church
595 Graafschap Road, Holland, MI 49423
(616) 796-3370