

Authorization to Consent to Medical Treatment Of a Minor and General Liability Release

Event: Camp Cod
Camp Good News, Forestdale, MA ♦ September 10-12, 2010
Form and Deposit due July 25, 2010

Youth's Name _____ Sex: M F
Address _____ Town _____ Zip _____
Youth's Birthday ___/___/___ Age _____ Current Grade _____
Name of Parent or Legal Guardian _____ Home: _____
Work: _____ Cell: _____ email _____
Medical Insurance Company _____ Policy Number _____
Emergency name/phone (in case parent unreachable) Name _____ Phone _____

Please List any allergies, special medications, conditions, treatments, or excluded activities:

I, undersigned parent (or legal guardian) of the above named minor, understand that in the event medical treatment is required, efforts will be made to contact me. However, if I cannot be reached, I do hereby authorize the adult youth ministry staff of South Shore Baptist Church as agent(s) for me to consent to an 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 special supervision of any licensed physician and/or surgeon 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.

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 agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforesaid physician in the exercise of his best judgment may deem advisable.

I understand all reasonable safety precautions will be taken at all times by the adult youth ministry staff of South Shore Baptist Church. I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I HEREBY RELEASE South Shore Baptist Church, its officers, its paid and volunteer staff, its agents from any and all civil liability. I also release the aforementioned church, officers, paid and volunteer staff and agents from any and all property damages, losses, diseases, injuries, or death incurred by the subject of this form.

Parent or Legal Guardian Signature

Student Signature if 18 years old or older

date

date

