

The Rock Student Ministry Medical Consent Form

835 North Hwy 27 - 770.854.8824 - therocksm.org

(Only 1 Form needed per family)

Authorization To Treat Minor And Waiver Of Responsibility

I, the undersigned parent/ Legal Guardian of _____ (list each child), a minor, hereby authorize the attending Physician selected by an official group sponsor to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for the minor named on this form.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care deemed advisable by the aforementioned physician in the exercise of his/her best judgment. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that none of the above treatment will be withheld if the undersigned cannot be reached.

In addition to the foregoing authorization and in consideration of the benefits to be derived from participation in church, I (We) waive on our behalf and on behalf of _____ (list each child), against Roopville Road Baptist Church, arising from the events sponsored by the Youth Ministry of Roopville Road Student Ministry during the year for which this authorization and waiver has been given. I also understand that I will be responsible for all medical costs that might be incurred by the minor named on this form.

Signature _____ Print Name _____ Date ____/____/____

Health Insurance Company _____ Policy/ID/Soc Sec # _____

*** Please list any allergies, medication or any other needs in the space below (use back of sheet if needed)*

Contact Information

Student's Name _____ Age ____ Sex ____ Grade ____ Birth date ____/____/____

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Student's Name _____ Age ____ Sex ____ Grade ____ Birth date ____/____/____

Student's Name _____ Age ____ Sex ____ Grade ____ Birth date ____/____/____

Address _____ City _____ Zip _____

Parent Information

Parents' Names _____ Home Phone Number (____) _____ - _____

Work Phone Number (____) _____ - _____ Mobile Phone Number (____) _____ - _____

Emergency Contact _____

Home Phone (____) _____ - _____

Work Phone Number (____) _____ - _____

Mobile Phone Number (____) _____ - _____