

**MINOR PARTICIPATION AUTHORIZATION AND
CONSENT TO EMERGENCY MEDICAL TREATMENT**

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the “minor child”). I hereby give my consent to have my minor child participate in the youth activities organized and executed by Aletheia Church (Harrisonburg, VA).

I recognize that there are risks involved in participating in these activities and hereby assume all risk or injury, harm, damage, or death to my minor child in connection with his/her participation in this activity. To the fullest extent permitted by law, I release: the Church and its staff, elders, and volunteers from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless: the Church and its staff, elders, and volunteers from any claims arising out of my minor child’s participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leaders to make the decisions necessary for treatment.

Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this _____ day of _____, 2021.

Signature: _____

Printed Name: _____

Address: _____

Best Phone Number To Reach: _____

MEDICAL/PERMISSION RELEASE FORM

Name _____ Grade _____
Birthdate _____
Address _____ City _____
Zip _____

Parent Names _____

Parent's Cell Numbers:

Dad _____

Mom _____

In case of emergency notify (if parents cannot be reached):

Phone Number: _____

Relationship to minor _____

Health Insurance Co. _____

Policy # _____

Family Physician _____

Phone _____

Allergies: (food, drugs, etc.)

Current medication:

Check any boxes that apply to your child:

Asthma Bronchitis Diabetes Hay Fever Heart Trouble Kidney
Trouble Sinusitis Other _____

Other Pertinent Health Information:

