

Allegheny West Conference Youth Ministries
Insurance Release and
PARENTAL CONSENT FOR TREATMENT OF A MINOR

To the parents or legal guardian:

In your absence, this consent authorizes medical treatment of your minor child. This authorization covers the times when your child is involved in athletic, adventist youth society or pathfinder/adventurer activities. Further, it releases the Allegheny West Conference from responsibility for any and all personal injury or damage incurred while traveling to or from, or participating in any athletic, adventist youth society or pathfinder/adventurer activities.

To whom it may concern:

Father: _____ Mother: _____ (Type/Print)

Legal Guardian: _____ (Type or Print)

For ourselves and as the parents or legal guardian of:

Child: _____ (Type or print) Birth Date: ____/____/____

Also, we hereby authorize and consent to any and all medically accepted treatment reasonably deemed necessary by any duly licensed Physician or Dentist for the preservation of the life, health, or well-being of our child. Further, we authorize the consent to any and all medically accepted treatment reasonably deemed necessary by the Nursing Personnel of any Emergency Clinic or Hospital Emergency Room.

Further, we agree to hold harmless any said Physician, Dentist, Nurse, Medical Personnel, Emergency Clinic, or Hospital acting in reliance hereon, from any and all liability for failure to obtain any consent for such medically accepted treatment, beyond the consent given by this form. The consent given by this form shall be valid for twelve (12) months from the date of our signing.

Our family Physician is: _____ Telephone (____) _____

Known Allergies: _____

SIGNED BY:

WITNESSED BY:

Father _____ Date _____

Witness _____ Date _____

Mother _____ Date _____

Witness _____ Date _____

Legal Guardian:

_____ Date _____

Witness _____ Date _____

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action or to: _____

Signature of Parent/Guardian: _____ Date: _____

Address: _____ City _____ State _____ ZipCode _____