

Parental Consent/Medical Treatment Form

**Shelbyville Community Church
Jason Chenoweth; Pastor of Student Ministries**

I, the undersigned parent or guardian of _____, a minor, do hereby authorized adult workers with the youth of Shelbyville Community Church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act 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.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital, or other medical center for rendering such services.

I also grant permission for authorized adult workers with youth Shelbyville Community Church to transport my child in approved vehicles according to the procedures of the youth ministry of the church.

Insurance Company or Group: _____

Policy Number: _____

(Please print the following information)

Name of Participant: _____

Parent or Guardian: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: (_____) _____

Evening Phone: (_____) _____

Signature of Parent or Guardian: _____

My signature confirms that I hereby give witness to the proper completion of this form by the minor's parent or guardian.