

# Consent Form

## Estacada First Baptist Church Parent Registration & Authorization For the Treatment of a minor and Release from Liability

I, the undersigned parent/legal guardian of a minor understand that in the event medical treatment is required, every effort will be made to contact me. However, if I can not be reached, I do hereby authorize **Estacada First Baptist Churches** an agent(s) for the undersigned to consent to an x-ray examination, anesthetic, and medical care which is deemed advisable by, and is rendered under general supervision of, any physician and surgeon licensed under the provisions of the PHYSICIANS AND SURGEONS ACT and 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 of the part of the aforesaid agent, to give specific consent to any and all such diagnosis, treatment, hospital care which afore said physician in the exercise of his best judgment may deem advisable.

We, as parents and/or legal guardians, understand that this activity, as in any activity for youth, does present the risk of injury to the participant, rare as it may be. We represent to you that *we and the participant* assume the risk of any injury or death, and hold you, your agents, employees, and representatives harmless from any liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend and indemnify you, your agents, employees and representatives against any claim or liability arising as a result of such conduct. *My child* has insurance and is under the supervision of the church sponsors who are authorized on our behalf to such medical treatment as deemed advisable for the and well being of the participant. We, as the parents and/or legal guardians, authorize transportation provided by youth sponsors.

I have read the above and consent to *my child* participating in the activities of this event (sports, games, etc.). I also understand that *my child* is under the authority of the leadership and that failure to comply with the leadership could result in dismissing *my child* from the event authorized below. I agree to arrange transportation for *my child* home in the case that they are dismissed early.

### EVENT: Youth Group **“30 Hour Famine”** on March 26<sup>th</sup>-27<sup>th</sup>, 2010

- **Bring your Release form!!!**
- **Meet @ EFBC at 11:00am (26th) to 3:30pm (27<sup>th</sup>).**
- **If you are going to join us for the Rock'n Road show on the 27<sup>th</sup> the cost is \$13 for trans & tickets. We will be returning to EFBC by 11:30pm on the 27<sup>th</sup>.**
- **Parent/Guardian is responsible for student transportation to EFBC (if different arrangements need to be made please contact Masami Yamamoto @ 503.630.5325 or Glen Nation @ 503.630.8515**

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Students Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender: Male or Female**

Doctors Name and Phone Number: \_\_\_\_\_

Insurance Co. Name and Phone: \_\_\_\_\_

Emergency contact and Phone: \_\_\_\_\_

List ALL known allergies, medications, or illnesses we would need to be aware of:

\_\_\_\_\_