

ASHLAND GRACE
1144 West Main
Ashland, OH 44805

MEDICAL TREATMENT CONSENT FORM FOR MINOR

I, the undersigned parent/guardian of _____, do hereby authorize the adult sponsor of the Ashland Grace Brethren church or any responsible adult person bearing this written authorization, into who's said care the above mentioned minor child has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility. The medical care is to include, but not to be limited to, any x-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the State Medical Board of Ohio, and to consent to an x-ray exam, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist.

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 on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his better judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

The authorization will remain in effect during the above stated dates while the minor above is en route to or from or involved or participating in any program or activity authorized by the Ashland Grace Brethren Church, unless revoked by the undersigned in writing and delivered to the agent of the Ashland Grace Brethren Church.

Release of Ashland Grace Brethren Church of liability for injuries to minor and agreement that health care insurance of parent/guardian shall be primarily responsible for medical bills.

As the parent/guardian of _____, it is my desire that my child/ward participate in the activities of Ashland Grace Brethren Church.

In the event of injury to my child/ward I agree that I and my health care insurer, shall be financially responsible for any medical treatment required by my child/ward as a result of an injury suffered during his/her participation in the above or related activities.

I am aware that these activities may involve some hazards. I have considered these risks and I still wish my child/ward to participate. Furthermore, I agree not to bring legal action against Ashland Grace Brethren Church as a result of any injuries suffered in the course of his/her participation.

In the event a dispute arises between myself and Ashland Grace Brethren Church concerning injuries to my child/ward, then I agree that the dispute shall be resolved by a Christian Arbitrator acceptable to both sides. The cost of the Arbitrator is to be shared equally by the parties. All applicable statutes of limitation shall apply and arbitration must be requested within the appropriate period in order to preserve a right to recovery.

Signature: _____ Relationship: _____

Medical Insurance Company: _____

Address: _____

Pre-certification Phone #: _____

Group or ID# _____

Date Signed: _____

HEALTH HISTORY

This form is to be completed by parent/guardian. This information will be kept confidential and used only for the welfare of the participant.

NAME: _____ DATE OF BIRTH: _____

SEX: _____ SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE (Daytime): _____ OTHER: _____

MED. ALLERGIES: (Prescription or non-prescription) _____

BEE/WASPS STING ALLERGY? yes / no Prescribed treatment: _____

PHYSICIAN: _____ PHONE #: _____

PRESENT MEDICAL CONDITION: _____

PRESENT MEDICATIONS (and instructions): _____

DATE OF LAST TETANUS BOOSTER: _____

CHECK IF PARTICIPANT IS SUBJECT TO:

Headaches	Seizures/Convulsions	Home Sickness
Sinusitis	Ear Infection	Fainting
Bronchitis	Asthma	Constipation
Diarrhea	Sleep Walking	Cramps

Check medications that participant may receive if deemed necessary and administered by an Adult Sponsor of Ashland Grace Brethren Church.

Antacids	Acetaminophen (Tylenol)	Ibuprofen
Cold Medications	Cough Medications	Laxatives
Diarrhea Medications		

Signature: _____ Date: _____