



YOUTH PERMISSION SLIP/MEDICAL FORM

June 1, 2017 – May 31, 2018

PERMISSION FORM I give my permission for _____ (if you have more than one student involved, you may include both on one form) to participate in the activities of the Marion Christian Center CORE Youth Group. These activities may include but are not limited to: mission trip, Youth Explosion, See You At The Pole Rally, ice cream runs, pool parties, various small group activities.

LIABILITY WAIVER: I release Marion Christian Center in Marion, Ohio, and it's agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from any and all damages and causes of action either at law or in equity that I may have as a result of my (or my child's) participation in, attendance at, and TRAVEL TO AND FROM the youth ministry events.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

Print Parent of Guardian Name

Signature of Parent or Guardian

Date

EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name _____ Date of Birth _____

Address _____

PURPOSE: To enable parents to authorize emergency treatment for children who become ill or injured while under with us, when parent cannot be reached.

Mother's name _____ Phone Number _____

Place of Work _____ Phone Number _____

Father's name _____ Phone Number _____

Place of Work _____ Phone Number _____

Other person to contact _____ Phone Number _____

Place of Work _____ Phone Number _____

Residential Parent or Guardian: _____

PART I OR II MUST BE COMPLETED, NOT BOTH PLEASE

PART I--GRANTING CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone Number _____

Dentist _____ Phone Number _____

Medical Specialist _____ Phone Number _____

Local Hospital _____ Phone Number _____

In the event reasonable attempts to reach one of the persons at the phone numbers listed have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably acceptable.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medication being taken, and any physical impairments to which a physician & youth leaders should be alerted:

Date _____ Parent / Guardian Signature _____

PART II--NOT GRANTING CONSENT **DO NOT COMPLETE IF YOU COMPLETED PART I**

I DO NOT give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I would like the youth leaders to take the following action:

Date _____ Parent / Guardian Signature _____

