

Westview Presbyterian Church

AUTHORIZATION FOR MEDICAL TREATMENT

PARTICIPANT INFORMATION (ONE PER PARTICIPANT)

_____ Participant Last Name	_____ First Name
_____ Insurance Company Policy	_____ Policy number
_____ Policy Holder's Name (last, First)	_____ Insurance Authorization Phone #
_____ Parent/guardian's name (last, First)	_____ parent/guardian's Phone #
_____ Emergency Contact (if unable to reach above)	_____ Emergency Contact Phone #

Known allergies

Please list any special medical information, including medication, on the reverse side

I understand and agree that my insurance will be available for the payment of expenses in connection with such medical care and that I remain responsible if no insurance is available. This grant of authority shall be in affect from the dates set forth here-in-below. This form has been fully explained to me, and by my signature I hereby certify that I have read and fully understand this Authorization For Medical Treatment.

Signature

Witness

Date

PARENT/GUARDIAN AUTHORIZATION (Must be completed for youth 18 and under)

Child/Youth Birth Date Age Entering Grade

I, _____ of
 Print parent/legal guardian's full name

 Print complete mailing address

I recognize that there are risks involved in participating in activities including off premises activities and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in all activities.

As parent or legal guardian of the above named person, I do hereby consent to and authorize the staff persons and officials of the Westview Presbyterian Church (hereinafter "Westview") to obtain, under emergency conditions, any x-ray examination, anesthesia, diagnosis, medical or surgical treatment or hospital care to be rendered to my minor son/daughter under the supervision and on the advice of any physician or medical professional. It is my intent that in case of emergency no medical treatment be delayed or withheld from my son/daughter due to my absence or unavailability. Further, I agree to hold harmless Westview, its related entities, staff, agents, and volunteers from any and all liability, claims, and causes of action which may arise from the good faith decisions acting under this Authorization For Medical Treatment to my minor son/daughter. I understand and agree that my insurance will be available for the payment of expenses in connection with such medical care and that I remain responsible if no insurance is available. This grant of authority shall be in affect from the date 9-13-09 through and including 9-12-10 . This form has been fully explained to me, and by my signature I hereby certify that I have read and fully understand this Authorization For Medical Treatment.

Please indicate which of these statements you agree with by signing next to it. I give permission for my child to:

- Ride only with the youth leaders/adults present _____
- Drive his/her own car to an event _____
- Ride with youth who are driving to and from an event. _____
- Permission for appropriate photographs of my child taken by Westview staff/ volunteer to be published on its website, bulletin board or on its Facebook profile page. _____

Signature of Parent or Legal Guardian

Witness

Date