

## APPLICATION/CONSENT FOR MEDICAL TREATMENT for Overnight Events

\_\_\_\_\_ (Event Name)

\_\_\_\_\_, as parent or guardian of the minor, \_\_\_\_\_, who is a participant in a Church of the Palms Presbyterian (USA) field trip, hereby execute this Consent for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the terms of this Consent. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless Church of the Palms Presbyterian (USA), its employees and assigns against any claims made or liabilities assessed against them as a result of (1) any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Consent, and (2) any treatment of the minor by any Medical Provider as hereinafter defined. I hereby authorize and licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical Provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to Church of the Palms Presbyterian (USA) field trips or any related activities. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. I also agree to accept responsibility for the cost of the above medical services. I also give permission for my child to be photographed in church publicity, including the church web site.

Dated: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

Name of Minor \_\_\_\_\_ Age \_\_\_\_\_ Student Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ (cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Father's Name \_\_\_\_\_ (cell) \_\_\_\_\_ (other) \_\_\_\_\_

Emergency Contact if parents cannot be reached:

1. Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

2. Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

Name of Minor's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Please list any known allergies or special concerns \_\_\_\_\_

Current Medications & Instructions \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_