

PARENTAL PERMISSION AND MEDICAL CONSENT

Name: _____ born on _____

Address: _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child (the "Child"), hereby consents to the participation by the Child in all of the youth activities of the church, including all activities conducted away from the church property, both in state and out-of-state and all travel involved in these activities, conducted by Bright Angel Church of Christ, 8570 W. Bright Angel Way, Las Vegas, NV 89149 ("Organizer") and to the participation of the Child in all events relating to activities through _____. See "Child Care Information and Instructions" document attached hereto and incorporated herein.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency, the Organizer will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

The Organizer will use reasonable care in conducting all of its youth activities but parent(s) and/or guardian(s) understand that Organizer cannot be responsible for the improper acts of the Child or third parties.

This Consent Form may be revoked at any time before the expiration date with written notice to Organizer and the revocation will be noted on this document and all copies. A copy of this document may be relied on to the same extent as the original unless the health care provider has actual knowledge of revocation.

Signed on _____, at _____, _____.
(date) (city) (state)

Signature of Parent

Signature of Parent

Child Care Information and Instructions

Child's Name
Child's Nickname
Child's Age

Parent(s) and Other Contacts

Mother's Name		
Home Phone:	Work Phone	Cell Phone
Father's Name		
Home Phone:	Work Phone	Cell Phone
Address of Parents		

Second Contact Name		
Relationship	Phone Number	Cell Phone

Medical/Health/Insurance Care Information

Child's Doctor Name	
Address	
Office Telephone	After Hours Number

Health Insurance Company
Group or Policy Number
Telephone Number

Medications
Allergies
Immunizations
Special Conditions